

Instructions for completing and submitting the Oklahoma Student Loan Authority Application for Employment.

This application is an Adobe Acrobat® fillable form with a digital signature field. This form does not need to be printed if it is digitally signed prior to submission to OSLA.

Fields highlighted in red and marked with an asterisk (*) are required and must be completed for the application to be accepted and considered. If you are unsure of any of the information requested, please contact us for clarification and assistance. You may call (405) 556-9210 or use the email link below.

Work History. Please complete all sections for your last three employers. If you have not been employed before or have fewer than three previous employers, please contact us for further instructions.

OSLA is a federal contractor for the United States Department of Education and as such all positions are considered Public Trust Positions and require a security clearance. This clearance includes a preliminary screening and a background investigation. Failure to provide complete and accurate information and/or failure to receive a security clearance will result in disciplinary action, up to termination of employment.

After the form is completed, save the form to your local drive and attach the application and your resume to an email to HR@OSLA.ORG. Please do not send files as links to an on-line storage account, such as Microsoft OneDrive, Google Drive or Box, as we are unable access these services from our network.



P.O. Box 18145
Oklahoma City, OK 73154

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

*First Name _____ *Last Name _____ *Date _____

*Address _____

Street _____ City _____ State _____ Zip _____

*Telephone _____ *Email _____

*Are you over 18 years old? Yes No

*Are you authorized to work in the U.S.? Yes No

How did you learn of the opening?

*Have you worked here before? Yes No

*Have you been told and/or read the job description's essential job functions? Yes No

*Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work?

*Are you willing to work overtime as required? Yes No

EDUCATION	NAME AND LOCATION OF SCHOOL	HOURS COMPLETED	MAJOR	DIPLOMA/DEGREE
*High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (next page), what other experiences, skills and qualifications would you provide to OSLA?

***POSITIONS APPLIED FOR** *1. _____ 2. _____

Wage and salary desired? \$ _____ *When can you start? _____

WORK HISTORY

*May we contact your present employer? Yes No

*Most Recent Employer		*Address	*Telephone
*Date Started	*Starting Salary: \$	*Per	*Starting Position
*Date Left	*Salary on Leaving: \$	*Per	*Position on Leaving
*Name and Title of Supervisor			
*Description of Duties		*Reason for Leaving	

Previous Employer		Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position
Date Left	Salary on Leaving: \$	Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

Previous Employer		Address	Telephone
Date Started	Starting Salary: \$	Per	Starting Position
Date Left	Salary on Leaving: \$	Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I understand that employment at OSLA is "at-will", which means that either I or OSLA can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of OSLA, other than the president has any authority to alter the foregoing.

*Date

*Applicant's Signature