

**PERSONAL DATA SUMMARY SHEET**

(The original copy must be submitted to the Human Resources. Retain a copy for your records.)

**TITLE OF JOB FAMILY AND LEVEL FOR WHICH CERTIFICATION IS REQUESTED:** \_\_\_\_\_

**NAME:** Crouse Danna Jannell Jannell Middle SSN: \_\_\_\_\_  
 Last First Middle

**PHONE NUMBER(S) WHERE YOU MAY BE CONTACTED BETWEEN 7:30 A.M. & 4:30 P.M. TO SCHEDULE INTERVIEW:** 405-522-4916 work 405-301-4071cell

INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION.

Education	Name	Location	Dates Attended	Hours Completed	Hours Completed or Degrees and Majors
B.S.	University of Oklahoma	Norman OK	2004-2008	120	120 BS Microbiology
Other					
Registration, certification or licensure: Type:		Granted By:		Effective Dates:	

**QUALIFYING EXPERIENCE: -- (List only jobs that include relevant experience for the proposed Job Family and Level.)**

Employer and Location	Position Held	Hours Per Week	Date Employed	Date Separated	Description of Duties
OK Dept of Transportation	Environmental Chemical Lab Scientist II	40	April 2009	-	Test materials to be used in state highways. Helped inform internal and external clients with questions regarding testing procedures and test results. Comply with state and federal regulations; interpret specifications as applicable to testing. Use site-manager to enter test results.

Title 21 O.S. Section 358: "It shall be unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an application, knowing such statement or representation to be materially false, fictitious or fraudulent. A violation of this subsection shall be punished as provided in subsection B of Section 359 of this title."  
**I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.**

Signature of Employee \_\_\_\_\_ DATE: \_\_\_\_\_  
 I authorize the hiring agency to review and photocopy any and all of my performance evaluations for their consideration in this hiring decision. \_\_\_\_\_ Signature of Employee

# PERSONAL DATA SUMMARY SHEET

*(The original copy must be submitted to the requesting agency's personnel office. Retain a copy for your records.)*  
**TITLE OF JOB FAMILY AND LEVEL FOR WHICH CERTIFICATION IS REQUESTED:** Environmental Chemical Lab Scientist

**NAME:** Crouse Danna Janell SSN: \_\_\_\_\_  
 Last First Middle

INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION.

Education	Name	Location	Dates Attended	Hours Completed	Hours Completed or Degrees and Majors
University	University of Oklahoma	Norman, OK	08/2003-12/2007	88	Bachelor of Science, Microbiology
University	Oklahoma City Community College	Oklahoma City, OK	03/2005-05/2008	60	Associate of Science, Chemistry
Other					
Registration, certification licensure: Type:			Granted By:		Effective Dates:

**QUALIFYING EXPERIENCE: - (List only jobs that include relevant experience for the proposed Job Family and Level.)**

Employer and Location	Position Held	Hours Per Week	Date Employed	Date Separated	Description of Duties
Oklahoma Department of Transportation	Environmental/Chemical Laboratory Scientist	40	04/2009		Test materials to be used in state highway projects. Assist internal and external customers with questions regarding testing procedures and sample results. Adhere to all federal and state regulations and safety standards, interpret specifications that apply to testing.

Title 21 O.S. Section 358: "It shall be unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an application, knowing such statement or representation to be materially false, fictitious or fraudulent. A violation of this subsection shall be punished as provided in subsection B of Section 359 of this title."

**I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.**



  
 Signature of Employee

Signature of Employee or Personnel Officer \_\_\_\_\_ Date \_\_\_\_\_  
 I authorize the hiring agency to review and photocopy any and all of my performance evaluations for their consideration in this hiring decision.