

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: Transportation Specialist VI

NAME: Hayes Price L SSN: 16155

Last First Middle

PHONE NUMBER(S) WHERE YOU MAY BE CONTACTED BETWEEN 7:30 A.M. & 4:30 P.M. TO SCHEDULE INTERVIEW: (405)922-4673

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	06/2005-12/2008	79	B.S. Chemistry
University	University of Central Oklahoma	Edmond, OK	06/1999-12/2004	126	B.A. Criminal Justice
Other					
Registration, certification or licensure: Type: _____					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 Oklahoma City, OK	Environmental/ Chemical Laboratory Scientist II	40	04/2009		Perform Chemical and physical tests on materials used in Oklahoma state highways for quality assurance in accordance with federal and state specifications and regulations. Record, analyze and interpret results for internal and external customers with question regarding testing procedures and sample results.
Oklahoma Department of Transportation Oklahoma City, OK	Transportation Specialist VI	40	07/2013		Supervise testing personnel in the Geotechnical lab. Assign tasks and deadlines. Ensure lab has adequate supplies.

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: 3-17-14
 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