

**APPLICATION  
FOR  
EMPLOYMENT**

Please complete in full.  
Please type or print in  
blue or black ink.



**KAW NATION**

**RETURN TO:**  
Human Resources  
Kaw Nation  
P.O. Box 50  
Kaw City, OK  
74641

**NAME:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
NUMBER AND STREET

**TELEPHONE NUMBER WITH AREA CODE** **ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES?**  
**HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_  YES  NO

**ARE YOU KNOWN TO FORMER EMPLOYERS/REFERENCES BY ANOTHER NAME?**  YES  NO  
 IF YES, WHAT NAME? \_\_\_\_\_

**HAVE YOU EVER PLED GUILTY OR NO CONTEST TO A FELONY OR BEEN CONVICTED OF A FELONY?**  YES  NO  
 A CONVICTION WILL NOT NECESSARILY RESULT IN THE DENIAL OF EMPLOYMENT.  
 IF YES, PROVIDE DATES, COURT, AND CRIME. \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER LICENSE?**  YES  NO  
 IF YES, PLEASE PROVIDE:  
**LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_

**HAS YOUR LICENSE BEEN SUSPENDED WITHIN THE PAST 3 YEARS?**  YES  NO

**HAVE YOU EVER BEEN EMPLOYED BY KAW NATION?**  YES  NO  
 IF YES, PROVIDE DATES OF EMPLOYMENT AND POSITION HELD. \_\_\_\_\_

**DO YOU HAVE RELATIVES CURRENTLY EMPLOYED BY KAW NATION?**  YES  NO  
 IF YES, PROVIDE RELATIONSHIP AND POSITION \_\_\_\_\_

**ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE?**  YES  NO  
 IF YES, PROVIDE A COPY OF YOUR ENROLLMENT CARD WITH THIS APPLICATION

**DO YOU HAVE A CDIB CARD (CERTIFICATE OF DEGREE OF INDIAN BLOOD)?**  YES  NO  
 IF YES, PROVIDE A COPY OF YOUR CARD WITH THIS APPLICATION

**HAVE YOU EVER SERVED IN THE ARMED FORCES?**  YES  NO  
 IF YES, PROVIDE DATES OF SERVICE, BRANCH, RANK, TRAINING, AND WORK EXPERIENCE. \_\_\_\_\_

**EMPLOYMENT DESIRED**

Job Title \_\_\_\_\_ **Full-time** \_\_\_\_\_  
 Job Title \_\_\_\_\_ **Part-time** \_\_\_\_\_  
 Job Title \_\_\_\_\_ **Temporary** \_\_\_\_\_  
**Date Available** \_\_\_\_\_ **Salary Expected** \_\_\_\_\_

## EDUCATION

	SCHOOL NAME / CITY & STATE	FROM		TO		FIELDS OF STUDY OR TITLES OF SPECIAL COURSES	HOURS COMPLETED	CERTIFICATES OR DEGREES GRANTED
		Mo.	Yr.	Mo.	Yr.			
HIGH SCHOOL								
COLLEGE OR UNIVERSITY						Major:		
						Minor:		
COLLEGE OR UNIVERSITY						Major:		
						Minor:		
COLLEGE OR UNIVERSITY						Major:		
						Minor:		
COLLEGE OR UNIVERSITY						Major:		
						Minor:		
BUSINESS OR TECHNICAL SCHOOL						Major:		
						Minor:		
SPECIALIZED SCHOOL						Major:		
						Minor:		

## SKILLS AND SPECIAL QUALIFICATIONS

OFFICE EQUIPMENT USED:  Personal Computer \_\_\_\_\_ Keystrokes per minute  Copier  Fax machine  
 Typewriter \_\_\_\_\_ Words per minute  10 Key Calculator  
 Other \_\_\_\_\_

OTHER EQUIPMENT OPERATED: \_\_\_\_\_  
 \_\_\_\_\_

COMPUTER SOFTWARE USED WITHIN THE PAST 5 YEARS: \_\_\_\_\_  
 \_\_\_\_\_

TYPES OF APPLICATIONS:  Word processing  Spreadsheets  Database  Web-based  
 E-mail  Other: \_\_\_\_\_  
 \_\_\_\_\_  
 Internet - used for- \_\_\_\_\_

COMPUTER HARDWARE OPERATED: \_\_\_\_\_  
 \_\_\_\_\_

COMPUTER LANGUAGES: \_\_\_\_\_

FOREIGN LANGUAGES: \_\_\_\_\_ Speak  Read  Write

LIST LICENSES, ACCREDITATIONS, OR CERTIFICATIONS HELD AND ATTACH A COPY OF EACH:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SKILLS AND SPECIAL QUALIFICATIONS CONTINUED**

PROFESSIONAL MEMBERSHIPS, HONORS, COMMUNITY SERVICE / ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL PROJECTS OR EXPERIENCES THAT WOULD ESPECIALLY QUALIFY YOU FOR THIS POSITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU INCLUDING A RESUME WITH THIS APPLICATION?  YES  NO

**EMPLOYMENT HISTORY**

PRESENT OR LAST EMPLOYMENT

May we contact your current employer?  Yes  No

Employer		Address		
Your Title		Immediate Supervisor	Telephone Number ( )	
Date Began	Date Left	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary	Other Compensation
Duties and responsibilities				

Reason(s) for leaving?

PREVIOUS EMPLOYMENT

Employer		Address		
Your Title		Immediate Supervisor	Telephone Number ( )	
Date Began	Date Left	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary	Other Compensation
Duties and responsibilities				

Reason(s) for leaving?

## EMPLOYMENT HISTORY CONTINUED

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May we contact your current employer?  Yes  No

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Your Title		Immediate Supervisor		Telephone Number ( )
Date Began	Date Left	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary	Other Compensation

Duties and responsibilities

Reason(s) for leaving?

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Duties and responsibilities

Reason(s) for leaving?

### PREVIOUS EMPLOYMENT

Employer		Address		
Your Title		Immediate Supervisor		Telephone Number ( )
Date Began	Date Left	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary	Other Compensation

Duties and responsibilities

Reason(s) for leaving?

### OTHER EMPLOYMENT HISTORY

Name, Address and Phone Number of Employer	Position Held / Full-time or Part-time	Employment Dates

## REFERENCES

Give not less than three references capable of commenting on your ability to perform the work for which you have applied. Applicants should include references from their previous places of employment. Telephone numbers and addresses for reference contacts must be provided.

NAME OF REFERENCE	TITLE	COMPANY	TELEPHONE	PRESENT ADDRESS

(Note: Employment shall be contingent upon verification of most recent employment.)

Kaw Nation adopts the provisions of the Indian Self Determination & Education Assistance Act PL 93-638 as amended. In selection for employment, preference will be given to enrolled members of federally recognized Nations, providing other qualifying factors prove the enrolled member equal in merit to other applicants.

I certify that answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the termination of employment regardless of length of employment, or cancellation of the job offer without notice. I understand, also, that I am required to abide by all rules and regulations of Kaw Nation.

The applicant does hereby authorize the Kaw Nation to seek employment verification, information, or records from all former and current employers listed on this application. I hereby give my permission to Kaw Nation to investigate all statements given in this application or during interview(s), and I release from liability any person, company, agency, or corporation collecting or supplying such information to Kaw Nation and its employees.

I understand that if I am employed by Kaw Nation in a position where I will be driving a Kaw Nation vehicle on a regular basis, any offer of employment that I receive will be contingent on Kaw Nation verifying that I have an acceptable driving record and a valid Oklahoma Driver's License.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Kaw Nation to continue to employ me in the future. I acknowledge that the Kaw Nation is an "at-will" employer.

I have read and understood the above statements

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### FOR HUMAN RESOURCES USE ONLY:

DATE CRIMINAL BACKGROUND CHECK COMPLETED- \_\_\_\_\_ CLEARED? \_\_\_\_\_ YES \_\_\_\_\_ NO

FOR POSITION: \_\_\_\_\_

INITIAL \_\_\_\_\_