



# Kickapoo Tribe of Oklahoma

P.O. Box 70  
Mcloud, OK 74851  
(405) 964-2075

## EMPLOYMENT APPLICATION

*The Kickapoo Tribe of Oklahoma does not discriminate against any employee or applicant on the basis of age, gender, ethnicity color, religion, natural origin, or disability. Native American hire preference per PD03-638.*

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Referred By: \_\_\_\_\_ Job Posting \_\_\_\_\_ Advertising \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Walk-In \_\_\_\_\_ Friend \_\_\_\_\_ Employee \_\_\_\_\_ Other

Please check all that apply: \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_ Temporary

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license (for driving jobs)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you of Native American descendent? \_\_\_\_\_ Yes \_\_\_\_\_ No CDIB# \_\_\_\_\_

If yes, list Tribal Affiliation: \_\_\_\_\_

Have you been employed with the Kickapoo Tribe of Oklahoma before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

Please indicate any other languages you can speak, read, or write: \_\_\_\_\_

Have you ever been convicted for any violation of the law (other than traffic violations)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Please describe the circumstances ( A conviction record will not necessarily be a bar to employment). \_\_\_\_\_

Position applying for: \_\_\_\_\_

List any Licenses/Certificates held: \_\_\_\_\_

### EDUCATION:

Please circle last school year completed in each category: High School: 9 10 11 12

College: 1 2 3 4 5 6

	Name & Location of School	Years Attended	Graduated? Y/N	Subject Studied
High School				
College/Major				
Trade/Business				

**MILITARY SERVICE:**

Branch of Service	From	To	Rank and Duties	Date Discharged

**FORMER EMPLOYERS (Last One First)**

Date Month & Year	Name & Address	Salary Start/End	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**PROFESSIONAL REFERNCE:**

(Please list three professional references that have knowledge of your professional experience to include skills, abilities, etc.)

Name	Address, City, State, & Zip	Phone Number

The Kickapoo Tribe of Oklahoma is an equal opportunity employment company. We are dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, national origin or physical handicap, provided, however, preferences and opportunities for training and employment in connection with the administration of such federal contracts or grants shall be given to Indians in accordance with section 7 (b) of the Indian Self-Determination Act. The Kickapoo Tribe of Oklahoma adheres to a drug-free workplace. Implementation of this policy is governed by the regulations of the Drug-Free workplace Act of 1988, 45 CFR, Part 76, Subpart F. I hereby authorize and request any and all of my former employers and other persons, firm, or corporation to furnish any and all information concerning my personal background, and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, an investigative report may be requested whereby information is obtained through personal interviews with any neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and model of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the reporting agencies that furnished such report. I also understand that I have the right to receive a complete and accurate disclose of the nature and scope of the information requested if I request such disclosure within a reasonable period of time. I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal, and 2) my employment if for no definite period and I may, regardless of the state of payment of my wages and salary, be terminated at any time without prior notice.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_