

Application  
For  
Employment

Please complete in full.  
Type or print in blue  
Or black ink.

**RETURN TO:**  
Kaw Housing Authority  
P.O. Box 371 / #9 Kanza Lane  
Newkirk, OK. 74647

**KAW HOUSING AUTHORITY APPLICATION**

Social Security Number

Name \_\_\_\_\_  
Last First M

E-Mail \_\_\_\_\_

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

Area Code & Telephone Number \_\_\_\_\_ 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? \_\_\_\_\_

Do You Have A Valid Driver's 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 Housing Authority? Yes No

If Yes, Provide Dates Of Employment And Position Held. \_\_\_\_\_

Do You Have Relatives Currently Employed By Kaw Housing Authority? Yes No

If Yes, Provide Relationship And Position. \_\_\_\_\_

Are You An Enrolled Member Of A Federally Recognized Indian Tribe? Yes No

Do You Have A CDIB Card (Certificate Of Degree Of Indian Blood)? Yes No

If Yes, Provide A Copy Of Your Certificate With This Application.  
\_\_\_\_\_

Employment Desired:

Applying For: \_\_\_\_\_ Full Time: \_\_\_\_\_

Applying For: \_\_\_\_\_ Part Time: \_\_\_\_\_

How Did You Become Aware Of This Position Opening: \_\_\_\_\_ Temporary: \_\_\_\_\_

\_\_\_ Kaw Housing Authority \_\_\_ Web Site \_\_\_ Newspaper (name) \_\_\_ Word Of \_\_\_ Workforce Development

## EDUCATION

Do You Possess A High School Diploma ( ) GED ( )  
Can You Provide A Copy Of Your Diploma Or GED? No ( ) Yes ( )  
How Is Your Name Listed On Diploma? \_\_\_\_\_

School Name/Location \_\_\_\_\_

City/State \_\_\_\_\_

University/College	Location	Yrs. Completed	Degree	Year

### Section V. Military Service

Have You Ever Served In The US Military/National Guard? No ( ) Yes ( )  
If You Are A Veteran, Did You Receive Any Training Which Would Be Helpful In The Job For Which You Are Applying?  
( ) Yes ( ) No If Yes, Describe: \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with your most recent employment and work backward. Include all jobs/positions held during the ten years or periods of unemployment over 90 days. You may include jobs held more than ten years ago if relevant to position you are seeking. (Please fill out. **DO NOT STATE "SEE RESUME"**)

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ ( ) Full Time ( ) Part Time Duties \_\_\_\_\_

Pay When Hired \$ \_\_\_\_\_ per \_\_\_\_\_ Pay Last Date Of Employment \$ \_\_\_\_\_ per \_\_\_\_\_ May We Contact ( ) Yes ( ) No

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ ( ) Full Time ( ) Part Time Duties \_\_\_\_\_

Pay When Hired \$ \_\_\_\_\_ per \_\_\_\_\_ Pay Last Date Of Employment \$ \_\_\_\_\_ per \_\_\_\_\_ May We Contact ( ) Yes ( ) No

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ ( ) Full Time ( ) Part Time Duties \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ ( ) Full Time ( ) Part Time Duties \_\_\_\_\_

Pay When Hired \$ \_\_\_\_\_ per \_\_\_\_\_ Pay Last Date Of Employment \$ \_\_\_\_\_ per \_\_\_\_\_ May We Contact ( ) Yes ( ) No

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

## References

Provide 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 REFERENCES	TITLE	COMPANY	TELEPHONE	PRESENT ADDRESS

(Note: Employment Shall Be Contingent Upon Verification Of Most Recent Employment)

Kaw Housing Authority adopts the provision of the Indian Self Determination & Education 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 answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand false or misleading information given in my application or interview(s) may result in termination of employment regardless of length of employment, or cancellation of the job offer without notice. I understand I am required to abide by all rules, regulations, and laws of Kaw Housing Authority.

I understand if I am employed by Kaw Housing Authority I a position where I will be driving a Kaw Housing Authority vehicle on a regular basis, any offer of employment I receive will be contingent on Kaw Housing Authority verifying I have an acceptable driving record and a valid Driver's License. I authorize the Kaw Housing Authority or its designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) Kaw Housing Authority. In the event my MVR indicates I am a High Risk Driver as defined in the glossary of Fleet Safety Program I understand I may be subject to dismissal.

The applicant does hereby authorize the Kaw Housing Authority to seek employment verification information or records from all former current employers listed on this application. I hereby give my permission to Kaw Housing Authority 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 Housing Authority and its employees.

I further understand offers of employment are contingent upon passing a criminal background check, and in some designated positions accreditation through the Bureau of Indian Affairs (BIA). I further understand I will be required to pass a post offer of employment drug screen and/or medical review.

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

I have read and understand the above statements:

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR HUMAN RESOURCE ONLY:**

Date Received In Human Resources: \_\_\_\_\_ Received By: \_\_\_\_\_

For Position: \_\_\_\_\_ Interview Scheduled:  Yes  No

Date Of Interview: \_\_\_\_\_

Updated 11/25/2014

## EQUAL EMPLOYMENT OPPORTUNITY DATA

It is the policy of Kaw Housing Authority to provide equal employment opportunity in the conduct of all our business activities without regard to an individual's age, color, disability, marital status, sexual preference, national origin, race, religion, genetic information (GINA) or sex, in every phase of our employment program. This information will be kept confidential: it will be separated from your application immediately and kept separate from all other personnel records, only accessed by Human Resources. Providing the information requested below is voluntary and will in no way affect your application or chances for employment. If you do not provide the information requested below, it will not subject you to adverse treatment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

### Statistical Information:

Gender:  Male  Female  
 Single  Married  Divorced

### Ethnic Origin:

Caucasian (non-Hispanic): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Native Hawaiian or other Pacific (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii.

Two or more Races (Not Hispanic or Latino): All persons who identify with more than one of the above races.

Thank You for Your Responses

AmericanChecked, Inc.  
Section 3  
DISCLOSURE & AUTHORIZATION



DISCLOSURE AND AUTHORIZATION

In connection with my application for employment (including contract for services or volunteer services) or tenancy with \_\_\_\_\_, These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view their privacy policy at their website: [www.americanchecked.com](http://www.americanchecked.com).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_  
(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Any other names used

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Current Address: \_\_\_\_\_

Prior Addresses:

State \_\_\_\_\_ City/County \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State Issuing License: \_\_\_\_\_

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position for which you are applying is: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A