



**APPLICATION
FOR
EMPLOYMENT**

RETURN TO:

Human Resources
Kaw Nation
P.O. Box 50
Kaw City, OK
74641

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

KAW NATION

NAME: _____			SOCIAL SECURITY NUMBER	
_____	_____	_____	_____	
LAST	FIRST	MIDDLE	E-MAIL	

ADDRESS: _____

_____	_____	_____	_____
NUMBER AND STREET	CITY	STATE	ZIP

TELEPHONE NUMBER WITH AREA CODE	ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES?
HOME: _____	_____Yes _____No
CELL: _____	

ARE YOU KNOWN TO FORMER EMPLOYERS/REFERENCES BY ANOTHER NAME? _____Yes _____No

IF YES, WHAT NAME?

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, WHAT TRIBE: _____

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 Nation Web site _____Newspaper (name) _____ Word of Mouth _____ 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	COURSE OF STUDY	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 past 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: () NO () YES
 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: () NO () YES
 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: () NO () YES
 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: NO () YES ()
 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 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 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 Nation.

I understand 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 I receive will be contingent on Kaw Nation verifying I have an acceptable driving record and a valid Driver's License. I authorize the Kaw Nation 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 Nation. In the event my MVR indicates I am a High Risk Driver as defined in the glossary of the Fleet Safety Program, I understand I may be subject to dismissal.

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 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 Nation to continue to employ me in the future. I acknowledge the Kaw Nation is an "at-will" employer.

I have read and understand the above statements:

SIGNATURE:

DATE:

FOR HUMAN RESOURCE USE ONLY:

Date Received in Human Resources: _____

Received by: _____

For Position: _____

Interview Scheduled: ____ Yes ____ No

Date of Interview: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report, free of charge, if one is obtained by the Company.

Check box to receive report

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting AmericanChecked Inc, 4870 S. Lewis, Ste. 120, Tulsa, OK 74105; Phone: 1-800-975-9876.

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from AmericanChecked Inc a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report

Signature: _____

Date: _____

Print Name: _____

Additional Information (for INTERNAL USE ONLY)

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: AmericanChecked, Inc. (Agency) at (918) 742-6737.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____ I do not have or want email _____
(Initials)

If "no", list mailing address: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State of Issue: _____

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____ (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone: 1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacy-policy>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____