



Absentee Shawnee Tribe

2025 Gordon Cooper Drive
 Shawnee, OK 74801
 405-275-4030

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status. However, federal law requires that Indian preference must be given to Indians in programs which benefit Indian people.

Applicant Information									
Full Name:					Date:				
Last				First			M./.		
Address:									
Street Address						Apartment/Unit #			
City						State		ZIP Code	
Phone: ()		E-mail Address:							
Date Available:		Social Security No.:			Desired Salary:		\$		
Position Applied for:									
Are you available to work:		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift <input type="checkbox"/> Other							
Do you have a current Driver's License?		State			License No: _____				
Are you willing to travel if required?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you an enrolled member of an Indian Tribe?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>The applicant must attach written proof to qualify for Indian preference</i>							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Absentee Shawnee Tribe?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Conviction will not necessarily disqualify an applicant from employment.</i>					
If yes, explain:									
List relatives working for the Absentee Shawnee Tribe and show kinship:									
Have you been fired from any job in the last five years for any reason?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:									
Have you quit a job in the last five years after being notified you would be fired?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:									

Special Skills and Qualifications: **Summarize special job skills and qualifications acquired from employment or other experience.**

Education

High School:		Address:					
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:		Address:					
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:		Address:					
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full Name:		Relationship:					
Company:			Phone:		()		
Address:							
Full Name:		Relationship:					
Company:			Phone:		()		
Address:							
Full Name:		Relationship:					
Company:			Phone:		()		
Address:							

Previous Employment

Company:		Phone:		()				
Address:			Supervisor:					
Job Title:		Starting Salary:		\$		Ending Salary:		\$
Responsibilities:								
From:	To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Military Service			
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			
Disclaimer and Signature			
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</i></p> <p><i>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</i></p> <p><i>I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Absentee Shawnee Tribe of Oklahoma is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized official of the Absentee Shawnee Tribe of Oklahoma.</i></p> <p><i>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all laws, rules and regulations of the Absentee Shawnee Tribe of Oklahoma.</i></p>			
Signature:			Date:



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Equal Employment Opportunity Form

Date: _____

Applicant Information

Full Name: _____
Last First M. Q

Address: _____
Street Address Apartment/Unit#

City State ZIP Code

Home Phone: () Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other: _____

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Absentee Shawnee Tribe and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation [or public agency may have, I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Absentee Shawnee Tribe or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Absentee Shawnee Tribe and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I sign it in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please Print Name

Name (Full) _____

Maiden Last Name _____

Social Security Number _____ - _____ - _____

Sex _____ Race _____ Date of Birth _____ - _____ - _____

Driver's License Number _____ State Issued _____

Name on Driver's License _____

Signature _____

Date _____