

23701 S. 655 Road Grove, OK 74344

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DATE	

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS					
PLEASE COMPLETE PAGES 1-5.		Social Secur	rity Number:		
Name:					
	Last	First	Midd	le	Maiden
Present address:					
	Number	Street		City	State Zip
Telephone:			_ If under 18	, please list age:	
Tribal Affiliation:			_ Degree:		
Position applied for:			Salary Desir	ed:	(per hr / yr)
Employment desi	red □FULL-TIME (ONLY □PART-T	IME ONLY	□FULL-OR PA	ART-TIME
When will you be av	vailable for work?				
Emergency Contact	:		Phone Num	nber(s):	
TYPE OF SCHOOL	NAME OF SCHOOL	LOCA (City and	TION	NO. OF YRS	MAJOR &
High School					
College					
Bus. or Trade					
Prof. School					
	DEEN CONVICTE				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? □No□Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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Please complete the following information for our insurance carrier. DO YOU HAVE A DRIVER'S LICENSE? □Yes □No What is your means of transportation to work? Driver's license number State of issue _ □Operator □Commercial □Chauffeur Expiration date Have you had any accidents during the past three years? How many? Have you had any moving violations during the past three years? How Many?
☐ Yes ☐ Yes Word ☐ Yes Typing ☐ No WPM 10-key ☐ No Processing ☐ No WPM
Personal
Please list two references other than relatives or previous employers.
Name Name
Position Position
Company Company
Address Address
Telephone Telephone
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your ull qualifications for the specific position for which you are applying.

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T NAIL I	TARY			
IVIILI	IART			
HAVE YOU EVER BEEN IN THE ARMED FORCES	S? □Yes □No			
ARE YOU NOW A MEMBER OF THE NATIONAL G	GUARD? □Yes	⊒No		
Specialty Date Entered Discharge Date				
Work Experience job held. If you were self-employed, give firm name. Attach additional sheets if necessary.				
Name of employer	Name of last supervisor	Employment dates	Pay or salary	
Address	•	From	Start	
City, State, Zip Code		То	Final	
one number Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
		From	Start	
City, State, Zip Code		То	Final	
Phone number Your Last Job Title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or worked at this company.	learned, advancer	ments or promotio	ns while you	

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Work

APPLICATION FOR EMPLOYMENT

Please list your work experience for the past five years beginning with your most recent

DATE		

Experience job held. If you were self-employed, give firm na	ame. Attach addi	tional sheets if	necessary.
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address	'	From	Start
City, State, Zip Code		То	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or worked at this company.	learned, advance	ments or promotio	ns while you
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address	-	From	Final
City, State, Zip Code		То	
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or worked at this company.	r learned, advance	ements or promotion	ons while you
May we contact your present employer? □Yes	□No		
Did you complete this application yourself \Box	Yes □No		
If not, who did?			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Seneca-Cayuga Nation, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Nation practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Seneca-Cayuga Nation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief or Director of Intergovernmental Affairs. Both the undersigned and Seneca-Cayuga Nation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Nation may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Nation permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Nation from any liability as a result of such contract.

I also understand that (1) the Nation has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Nation may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Nation shall be probationary for a period of forty-five (45) days, *and* further that at any time during the probationary period or thereafter, my employment relation with the Tribe is terminable at will for any reason by either party.

Signature of applicant	Date:
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The Seneca-Cayuga Nation follows Indian Preference Policy.

INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 472). Consideration will be given to Non-Indian applicants in the absence of qualified Indian Preference eligible.