



CHEYENNE and ARAPAHO TRIBES
P.O. BOX 38
CONCHO, OK 73022
(405) 262-0345

EMPLOYMENT

PERSONAL INFORMATION

Date of Application _____

Name _____
Last First Middle Initial

Date of birth _____

Address _____
Street/P.O. Box City State Zip Code

Social Security Number _____ E-mail address _____

Telephone number(s) Main _____ Alternate _____

Are you an enrolled member of the Cheyenne and Arapaho Tribes? Yes No

Are you a member of a different federally-recognized Native American Tribe? Yes No

Have you ever lived or worked on a Native American reservation? Yes No

Are you under 18 years of age? (If you are under 18 you may be required to provide a work permit.) Yes No

If hired can you provide verification of your legal right to work in the United States? Yes No

EMPLOYMENT INTERESTS

Specific position for which you are applying _____

If not applying for a specific position, what type of work are you interested in? _____

Minimum acceptable pay \$ _____ per _____ When would you be available to start? _____

What type of appointment(s) are you willing to accept?

Permanent, full-time Temporary, full-time

Permanent, part-time Temporary, part-time

If part-time, how many hours per week can you work? _____

Within the last five (5) years have you been fired or forced to resign from a job? Yes No

If yes, under what circumstances? _____

MILITARY SERVICE

Have you served in the Armed Forces of the United States? Yes No

If yes, what branch of service? _____ Last Rank _____

Brief description of military duties

Type of Discharge _____ Date of Discharge _____ (Attach form DD214)

Are you a member of the National Guard or Reserves? Yes No

Are you computer literate/able to operate a computer?

Yes No

If yes, list programs you are familiar with _____

Other skills _____

Additional information _____

EMPLOYMENT EXPERIENCE

1. Employer name _____ Telephone _____

Address _____
Street/P.O. Box Town/City State Zip Code

Last position held _____ Pay rate \$_____ per _____

Employment period: From _____ To _____

May we contact? Yes No Name and Title of Supervisor _____

Brief Description of Duties

Reason for Leaving _____

2. Employer name _____ Telephone _____

Address _____
Street/P.O. Box Town/City State Zip Code

Last position held _____ Pay rate \$_____ per _____

Employment period: From _____ To _____

May we contact? Yes No Name and Title of Supervisor _____

Brief Description of Duties

Reason for Leaving _____

3. Employer name _____ Telephone _____

Address _____
Street/P.O. Box Town/City State Zip Code

Last position held _____ Pay rate \$_____ per _____

Employment period: From _____ To _____

May we contact? Yes No Name and Title of Supervisor _____

Brief Description of Duties

Reason for Leaving _____

BACKGROUND INFORMATION

For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on an attachment(s) to this application.

- 1) In the last five years, have you been arrested for, charged with, convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) Yes No
- 2) Have you been convicted of a felony within the last five years? Yes No
- 3) Have you been convicted by a military court-martial in the past five years? Yes No
- 4) Are you now under charges for any violation of law? Yes No
- 5) During the last five years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? Yes No
- 6) Have you ever been arrested for or charged with a crime involving a child? Yes No

If you have answered yes to any question(s) please give question(s) number and explain below.

CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with the Cheyenne and Arapaho Tribes of Oklahoma, you will be required to take a urine test for Drug/Alcohol use as a condition of employment. The purpose of the Drug test is to ensure a Drug Free Working Environment.

I, _____, have been fully informed by my potential employer of the reason for this urine test for Drug/Alcohol. I understand what I am being tested for, the procedure involved and freely give my consent. I also understand the results of this test will be sent to my prospective employer. I authorize these test results to be released to the Cheyenne and Arapaho Tribes, Drug Free Workplace Officer.

Signature of Applicant

Date

APPLICANT'S STATEMENT

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief. They are made in good faith. I understand that a false answer to any question in this application may be used as grounds for not employing me, or for dismissing me, after I begin work.

I hereby authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application form (or related documentation or interview) to provide the Cheyenne & Arapaho Tribes Personnel Department with any information and opinion requested in connection with any application, and I release such persons and organizations from any legal liability for making such statements.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT'S APPLYING FOR POSITIONS INVOLVING INTERACTION WITH MINORS.

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Cheyenne and Arapaho Tribes, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Cheyenne and Arapaho Tribes and only for the purpose of determining my suitability for employment with the Cheyenne and Arapaho Tribes.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Cheyenne and Arapaho Tribes, whichever is sooner.

Other names used

Social Security number

Position for which you are being investigated

Primary contact telephone number

Current Address

Secondary contact telephone number

Date Signed

Print or type name

Signature (sign in black ink)