



Wichita and Affiliated Tribes
Post Office Box 729
Anadarko, Oklahoma 73005
(405) 247-2425 * Fax (405) 247-2430

OFFICE USE ONLY
Received:

EMPLOYMENT APPLICATION

Date of Application: _____

APPLICANT INFORMATION

Name: _____
Last First Middle

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

E-mail Address: _____

Telephone Number(s): Main _____ Alternate _____

Are you an enrolled member of the Wichita and Affiliated Tribes? Yes No

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

Do you have a valid Oklahoma's Driver's License? Yes No

****If you answered "Yes" to the above, please provide a copy of your CDIB and/or Driver's License.****

EMPLOYMENT INTERESTS

Specific position for which you are applying _____

If no 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?

Regular Full-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, explain: _____

Have you been fired or forced to resign from any position within the Wichita and Affiliated Tribes, or any of the Tribal Entities? (This may or may not affect your employment.) Yes No

(Including Sugar Creek Casino, Wichita Housing Authority, Wichita Tribal Enterprises, Anadarko Industries, Wichita Gaming Commission, Wichita Tax Commission, Wichita Tribe Industrial Development Commission)

If yes, explain: _____

EDUCATION

High School name and location _____

Did you graduate? Yes No Have you received your GED? Yes No

If No, list the last year (grade) completed _____

College/University name and location _____

Have you graduated? Yes (Provide copy of Degree) No

If No, give expected graduation date _____ Last year completed _____

Major _____ Minor _____

Vocational/Technical school and location _____

Have you graduated? Yes (Provide copy of Certification) No

If No, give expected graduation date _____ Last year completed _____

Program of Study _____

Other training _____

Have you graduated/finished? Yes (Provide copy of Certification) No

If No, give expected completion date _____ Last year completed _____

Program of Study _____

Do you hold any other licenses or certificates? Yes (Provide copy of Certification) No

Please list License/Certificate and Licensing Authority: _____

Are you computer literate? Yes No

List job related skills and abilities _____

EMPLOYMENT EXPERIENCE

1. Employer Name _____ Telephone _____

Address _____
Street/P.O. Box 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 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 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 _____

MILITARY INTEREST

Have you ever 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

PERSONAL / EMPLOYMENT REFERENCES

Please list two (2) personal references and three (3) employment references.

1. Name _____ Years Known _____

Address _____

Street/P.O. Box

City

State

Zip Code

Occupation _____ Telephone Number _____

2. Name _____ Years Known _____

Address _____

Street/P.O. Box

City

State

Zip Code

Occupation _____ Telephone Number _____

3. Name _____ Years Known _____

Address _____

Street/P.O. Box

City

State

Zip Code

Occupation _____ Telephone Number _____

4. Name _____ Years Known _____

Address _____

Street/P.O. Box

City

State

Zip Code

Occupation _____ Telephone Number _____

5. Name _____ Years Known _____

Address _____

Street/P.O. Box

City

State

Zip Code

Occupation _____ Telephone Number _____

CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with the Wichita and Affiliated 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 and comply with the Wichita and Affiliated Tribes Drug-Free Workplace Policy. *Applicant: I have been fully informed by my potential employer for 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 Wichita and Affiliated Tribes, Human Resources Office.* _____ Initial

CONSENT TO THE JURISDICTION OF THE WICHITA AND AFFILIATED TRIBES

I, under penalty of perjury, understand and agree that by applying to the Wichita and Affiliated Tribes (Wichita, Keechi, Waco, & Tawakonie) ("Tribe") for employment within the Tribe's jurisdiction, I am subjecting myself to the legislative, regulatory, and adjudicatory authority of the Tribe. I further agree that by accepting employment with the Tribe and entering the Tribe's jurisdiction, including but not limited to Tribal buildings, curtilage, parking lots, and surrounding Tribal lands, I am entering into a consensual commercial relationship with the Tribe. As consideration of and in exchange for the right to enter the Tribe's jurisdiction to be employed by the Tribe, a Tribal agency, a Tribal business entity, or a business entity wholly owned by the Tribe, I stipulate, consent, and agree to the exclusive jurisdiction of the Court of Indian Offenses for the Wichita and Affiliated Tribes, in Anadarko, Oklahoma, or such Tribal Court as may replace it, for any and all claims that may arise or accrue to me, my agents, or assignees against the Tribe, or any of its agencies, entities, or business enterprises. I hereby waive any and all right to bring an action in any court of any other jurisdiction, whether tribal, state, or federal, and agree to reimburse the Tribe the cost of defending any action filed in the court of any other jurisdiction, including its attorneys' fees, and to indemnify the Tribe for any judgment awarded in any other jurisdiction, including the costs of complying with such judgment. _____ Initial

CONSENT FOR BACKGROUND INFORMATION

If you are offered and accept employment with the Wichita and Affiliated Tribes of Oklahoma, you will be required to undergo a background investigation as a condition of employment. Applicant: *I have been fully informed by my potential employer for the reason for the background investigation and I freely give my consent. I authorize the investigation and understand the results will be sent to the Wichita and Affiliated Tribes, Human Resources Office.* For all questions, if "Yes" please provide explanation on a separate sheet. This may or may not affect your employment.

- 1. Have you been convicted of any crime (other than minor traffic violation)? Yes No
- 2. Have you been convicted of a felony charge? Yes No
- 3. Have you been convicted of any crime by a military court-martial? Yes No
- 4. Have you been convicted of a crime involving a child? Yes No
- 5. Do you have any pending criminal charges against you? Yes No

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANTS

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 Wichita and Affiliated 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 source of information is for official use by the Wichita and Affiliated Tribes only for the purpose of determining my suitability for employment with the Wichita and Affiliated 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 affiliation with the Wichita and Affiliated Tribes, whichever is sooner.

The Wichita and Affiliated Tribes will complete background investigations on all employees. Those who have “regular contact or control over Indian Children” in accordance with 25 CFR Part 63, regulations implementing the P.L. 101-630 – Indian Child Protection and Family Violence Prevention Act will undergo further investigation.

Full Name (First, Middle, Last)

Date of Birth

Other Names Used (maiden, nicknames, married surname)

Social Security Number

Current Address

Primary telephone number

City, State, Zip Code

Secondary telephone number

Signature (sign in black ink)

Date signed