



## EDUCATION

**High School** name and location \_\_\_\_\_

Did you graduate?  Yes (Provide copy of Diploma or Certificate)  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 HISTORY 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. (Must be able to contact)

**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 Tax Commission, 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 Tax Commission 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 Tax Administrator.* \_\_\_\_\_ Initial here

Do you use any drug considered illegal by the Federal Government, which includes medical marijuana?  
Yes No

**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 Tax Commission, 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 Tax Commission.* For all questions, if "Yes" please provide explanation on a separate sheet. This may or may not affect your employment. Any fraudulent information provided will lead up to disciplinary action and/or dismissal.

- 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

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*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 Tax Commission only for the purpose of determining my suitability for employment with the Wichita and Affiliated Tribes Tax Commission. 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 Tax Commission, whichever is sooner.*

*The Wichita and Affiliated Tribes Tax Commission 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) (Must include full middle name)

\_\_\_\_\_  
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