

Wichita Tribal Smoke Shop

Application for Employment



READ CAREFULLY: Thank you for applying with the Wichita Tribal Smoke Shop. Please answer all questions in full and as accurately as possible. If the answer is "no" or N/A state so.

If further space is needed, use a separate sheet of paper.

Date: _____ **Please circle which location you are applying for**
Anadarko, OK or Hinton, OK

PERSONAL INFORMATION		
<small>(Please print use only black or blue ink.)</small>		
Last Name:	First Name:	Full Middle Name:
Home Street Address:		Apt.#
City:	State:	Zip Code: County:
Mailing Address:(If different from home address)		
Telephone Number:	Cell Number:	Social Security Number:
Are you 18 years of age or older: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally eligible to be employed in the United States: <small>(Proof of eligibility will be required upon employment.)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Important notice to all applicants. If you have a felony or misdemeanor criminal conviction, you may not be eligible for employment. All applicants will be subject to a thorough background check conducted by the Wichita Gaming Commission. Answer truthfully and honestly. Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list convictions:		
List the Names of any Employees Of Wichita Tribal Smoke Shop related to you by blood, marriage, or whom you share a residence with.		
Name	Relationship	
_____	_____	
_____	_____	
_____	_____	

Wichita Tribal Smoke Shop
5304 North Broadway
Hinton, Oklahoma 73047
(405)-542-2957

POSITION INFORMATION

Position applying for:		Desired Wage:	
Desired Status: Full-Time Part-Time Temporary <small>(Circle Choice)</small>	Shift: <input type="checkbox"/> 1st(Day) <input type="checkbox"/> 2nd (Swings) <input type="checkbox"/> 3rd (Nights) <input type="checkbox"/> Any		
Have you been previously employed by the Wichita Tribal Smoke Shop? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, when? From:		To:	Position:
Will you be able to arrange transportation for this Job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION

<input type="checkbox"/> High School, Not Completed	<input type="checkbox"/> High School Graduate or GED
School Name: _____ _____ _____	Location: _____ _____ _____

EMPLOYMENT HISTORY (List last three jobs you have held, starting with the most recent.)

Employer:	City/State:	Telephone Number:	
Job Title:	Supervisor's Name:	From:	To:
Reason(s) for Leaving:			
Major Job Duties:		Ending Wage:	

Employer:	City/State:	Telephone Number:	
Job Title:	Supervisor's Name:	From:	To:
Reason(s) for Leaving:			
Major Job Duties:		Ending Wage:	

Employer:	City/State:	Telephone Number:	
Job Title:	Supervisor's Name:	From:	To:
Reason(s) for Leaving:			
Major Job Duties:		Ending Wage:	

May we contact your present and previous employers? YES NO
Please list any employer you do not want us to contact.

Please list any other job experience, skills or training you have related to the position you are applying for:

Skills:

Experience:

Other Training:

PHYSICAL RECORD

Do you have any physical limitations that may require accommodations? YES NO

If yes, give details: _____

EMERGENCY INFORMATION

In case of an emergency, notify: _____ Telephone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

The Wichita Tribal Smoke Shop does extend preference in hiring Native Americans.
Indian preference is given in accordance with PL 93-638 (S1017) "Indian Self-determination and Education Assistance Act" 25 USC 450 enacted 1/4/1975

Are You Requesting consideration under this preference? YES NO
(To claim Native American preference, you must be able to provide verifiable documentation, please attach.)

Tribal Affiliation: _____

Tribal Roll #: _____

PERSONAL REFERENCES (List three personal references who are not relatives or previous employers.)		
Name/ City /State:	Occupation:	Telephone Number Home: Business:
Name/ City /State:	Occupation:	Telephone Number Home: Business:
Name/ City /State:	Occupation:	Telephone Number Home: Business:

I hereby authorize the Wichita Tribal Smoke Shop to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, and other entities. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Failure to submit proof of Identity within the required time may result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date:

WAIVER TO RELEASE EMPLOYMENT INFORMATION

In order to provide the Wichita and Affiliated Tribes, which owns and operates the Wichita Tribal Smoke Shop, with information and opinions that may be useful to the Wichita Tribal Smoke Shop in its hiring decisions, I authorize any person, school, current or past employers, organization, governmental entity or other entity, to provide any information, including without limitation, concerning my performance, reputation, character and history. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this Release, I unconditionally release such person, school, employer, organization, governmental entity or other entity, from any and all legal liability for furnishing such information and in making such statements. A photocopy of this signed Release shall have the same force and effect as the original Release signed by me, and shall be valid for twelve (12) months form the date below.

Signature:

Date:

Print Name:

Social Security No.
