

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 Are you computer literate? Yes No

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

List training: _____

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 Tribe Industrial Development Commission, Wichita Travel Plaza, or Sugar Creek Inn & Suites, you will be required to take a urine test for Drug and Alcohol use as a condition of employment. The purpose of the Drug and Alcohol test is to ensure a Drug-Free Working Environment and to comply with the Drug-Free Workplace Policy.

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 Tribe Industrial Development Commission*.

Signature of Applicant

Date

CONSENT FOR BACKGROUND INFORMATION

For all questions, if “Yes” please provide explanation on a separate sheet. This may or may not affect your employment.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been arrested, convicted of, pled guilty to, or pled nolo contendere (no contest) to any crimes (other than minor traffic violations)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been arrested, convicted of, pled guilty to, or pled nolo contendere (no contest) to a felony charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been arrested and/or convicted by a military court-martial? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you been arrested, convicted of, pled guilty to, or pled nolo contender (no contest) to a crime involving a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any pending criminal charges against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 Tribe Industrial Development Commission, 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 Tribe Industrial Development Commission only for the purpose of determining my suitability for employment. 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 Tribe Industrial Development Commission, whichever is sooner.

Please print clearly.

Full Name (First, Middle, Last)

Other Names Used (maiden, nicknames, married surname)

Date of Birth

Social Security Number

Current Address, City, State, Zip Code

Primary telephone number

Secondary telephone number

Signature

Date signed