Wichita Tribe Industrial Development Commission 131 West Broadway Suite 200, Anadarko, Oklahoma 73005 (405) 247-5009 * Fax (405) 247-5160

EMPLOYMENT APPLICATION

OFFICE USE ONLY
Received:

PERSONAL INFORMATION

Name:	Last	First	Middl	e	
Address:	reet/P.O. Box		City	State	Zip Code
	:		·		•
Telephone Num	nber(s): Main		Alterr	nate	
Are you an enro	olled member of the W	Vichita and Aff	iliated Tribes?	☐ Yes ☐ No	
Are you a meml	ber of a different fede	rally-recognize	ed Native Ameri	can Tribe? 🗌 Yes	□No
Do you have a	valid Oklahoma's Driv	ver's License?	☐ Yes ☐ No		
If you answered	"Yes" to the above, ple	ase provide a co	opy of your CDIB	and/or Driver's Licens	e.
EMPLOYMENT I	NTERESTS				
Check all that apply: WTIDC Wichita Travel Plaza Sugar Creek Inn & Suites Specific position for which you are applying Minimum acceptable pay \$ Date available to start: Type of employment: Regular Full-Time Temporary Part-Time Within the last five (5) years have you been fired or forced to resign from a job? Yes No					
or any of the Tri (Including Wichita Triba WTIDC, Travel Plaza, S	fired or forced to resignate fibal Entities? (This may all Government, Wichita Housing Sugar Creek Inn & Suites, Quive	or may not affect yo Authority, Sugar Cree era, Wichita Tribal Ent	our employment.) ek Casino, Gaming Con erprises, Anadarko Indu	mmission, Smoke Shop, Tax (ustries.)	s 🗆 No

EDUCATION

High School name and location			
Did you graduate? ☐ Yes ☐ No Have you received your GED? ☐ Ye	es 🗆 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			
MajorMinor			
Vocational/Technical school and location			
Have you graduated? Yes (Provide copy of Certification)			
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) ☐ List training:	No No		
List job related skills and abilities			

2 Revised 06/01/2020

EMPLOYMENT EXPERIENCE

1. Employer Name	Te	elephone	
Address			
AddressStreet/P.O. Box	City	State	Zip Code
Last position held	Pa	ay 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	Te	elephone	
Address			
AddressStreet/P.O. Box	City	State	Zip Code
Last position held	Pa	ay 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	Te	elephone	
A 1.1			
Street/P.O. Box	City	State	Zip Code
Last position held	Pa	ay rate \$	per
Employment Period: From	To		
May we contact? ☐Yes ☐No Name and	I Title of Supervisor	-	
Brief Description of Duties			
Reason for Leaving			_

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MILITARY INTEREST

Have you ever served in the Armed Forces of	the United States	s? □Yes [□No
If yes, what branch of service?Last Rank			
Brief description of military duties			
Type of Discharge	Date of Discha	rae	(Attack Form DD244)
		_	
Are you a member of the National Guard or R	leserves?	Yes □	No
PERSONAL / EMPLOYMENT REFERENCES			
Please list two (2) personal references and thre	ee (3) employmen	t references.	
1. Name		Years K	nown
Address			
Street/P.O. Box	City	State	Zip Code
Occupation	Telepho	ne Number	
2. Name		Years K	nown
Address			
Street/P.O. Box	City	State	Zip Code
Occupation	Telepho	ne Number	
3. NameYears Known			nown
Address			
Address Street/P.O. Box	City	State	Zip Code
Occupation	Telepho	ne Number	
4. Name		Years K	nown
Address Street/P.O. Box			
Street/P.O. Box	City	State	Zip Code
Occupation	Telepho	ne Number	
5. Name		Years K	nown
AddressStreet/P.O. Box			
Street/P.O. Box	City	State	Zip Code
Occupation	Telepho	ne Number	

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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 may not affect your employment.	sheet. Ti	nis may or
1. Have you been arrested, convicted of, pled guilty to, or pled nolo contendere (no contest) to any crimes (other than minor traffic violations)?	□Yes	□No
2. Have you been arrested, convicted of, pled guilty to, or pled nolo contendere (no contest) to a felony charge?	□Yes	□No
3. Have you been arrested and/or convicted by a military court-martial?	□Yes	□No
4. Have you been arrested, convicted of, pled guilty to, or pled nolo contender (no contest) to a crime involving a child?	□Yes	□No
5. Do you have any pending criminal charges against you?	□Yes	□No

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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)	
Odlar Name at the 17 and 18 and 18 and 18	
Other Names Used (maiden, nicknames	s, married surname)
Date of Birth	Social Security Number
Current Address, City, State, Zip Code	
Primary telephone number	Secondary telephone number
Signature	 Date signed