



**Wyandotte Nation**  
64700 E Hwy. 60, Wyandotte, OK 74370

**Wyandotte Nation Human Resources  
Employment Application**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone #( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source (Please check the appropriate category and name the source.) Tribal Enrollment \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you at home is \_\_\_\_\_ am/pm

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call  
( ) \_\_\_\_\_ am/pm

If you are under 18 and it is required,  
can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment  
in this country? \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? \_\_\_\_\_  Yes  No

Will you travel if job requires it? \_\_\_\_\_  Yes  No

If they have been explained to you, are you able to meet  
attendance requirements of the position? \_\_\_\_\_  N/A  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job  
which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  Yes  No

Answering "yes" to the following question does not constitute an automatic  
bar to employment. Factors such as date of the offense, seriousness and  
nature of the violation, rehabilitation and position applied for will be taken into  
account.

Have you ever pled "guilty" or "no contest" to,  
or been convicted of, a crime? \_\_\_\_\_  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Month	Year	Month	Year
Street address	City	State			
Starting job title/final job title		Dates employed _____ / _____ to _____ / _____			
Immediate supervisor and title (for most recent position held)		Compensation (Starting)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.		Compensation (Ending)			
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$ _____ per			

Employer	Telephone #	Month	Year	Month	Year
Street address	City	State			
Starting job title/final job title		Dates employed _____ / _____ to _____ / _____			
Immediate supervisor and title (for most recent position held)		Compensation (Starting)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.		Compensation (Ending)			
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$ _____ per			

Employer	Telephone #	Month	Year	Month	Year
Street address	City	State			
Starting job title/final job title		Dates employed _____ / _____ to _____ / _____			
Immediate supervisor and title (for most recent position held)		Compensation (Starting)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.		Compensation (Ending)			
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$ _____ per			

Employer	Telephone #	Month	Year	Month	Year
Street address	City	State			
Starting job title/final job title		Dates employed _____ / _____ to _____ / _____			
Immediate supervisor and title (for most recent position held)		Compensation (Starting)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.		Compensation (Ending)			
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$ _____ per			
What were the things you liked least about the position?		Commission/Bonus/Other Compensation \$ _____ per			

### Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

Have you worked or attended school under any other name?.....Yes No

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....Yes No

If yes, please explain \_\_\_\_\_

Are you presently employed?.....Yes No Name of Contact: \_\_\_\_\_

### Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. Also list machinery or equipment you can operate that relates to the job for which you are applying?

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- |  |   |
|--|---|
| <input type="checkbox"/> Word Processing _____ Years: _____<br><input type="checkbox"/> Spreadsheet _____ Years: _____<br><input type="checkbox"/> Presentation _____ Years: _____<br><input type="checkbox"/> E-mail _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____<br><input type="checkbox"/> Other _____ Years: _____<br><input type="checkbox"/> Other _____ Years: _____<br><input type="checkbox"/> Other _____ Years: _____ |
|--|---|

### Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
College or University:		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
Vocational or Technical:		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
High School or GED:		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
Other:		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

### References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Number of years known

**Related Information**

To what job-related organizations (professional, trade, civic, offices held, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes       No       Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

**Please read each Applicant Statement before signing.**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and other. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post employment drug screen as a condition of employment, if required.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law.

I understand that this application or subsequent employment does not create a contract for employment nor guarantee employment for any specified period or definite duration. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief, Second Chief or Chief of Staff.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will sufficiently cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and by my signature consent to these statements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(This application for employment will remain active for a limited time.)