



511 East Colorado  
Post Office Box 1330  
ANADARKO, OKLAHOMA 73005

## EMPLOYMENT APPLICATION

Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Phone# \_\_\_\_\_ Mobile/Home/Evening/Message# \_\_\_\_\_

Social Security# \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Over 18 yrs. of age? \_\_\_\_\_  
(Month/Day/Year)

If under 18, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Legally eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_ Enrollment# \_\_\_\_\_

Claiming Indian preference? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, submit a copy of CDIB card with application

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, issuing state \_\_\_\_\_

State desired salary: \_\_\_\_\_ Date available for work? \_\_\_\_\_

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Presently employed? \_\_\_\_\_ If yes, may we contact employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If necessary, may we contact you at your place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date(s) \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

U.S. Military Service \_\_\_\_\_ National Guard \_\_\_\_\_ Reserve \_\_\_\_\_  
(Branch) (Rank)

Have you now or in the past ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (Answering "Yes" to this question does not exclude an individual from employment.) Applications returned to The Apache Tribe of Oklahoma will be kept in an active file for 90 days, after which time you will have to reapply to keep your application active.

Please provide complete information (addresses, dates) below, or your  
Application will be deemed incomplete and will not be considered.

### EDUCATION

Name and address of school attended	Years Attended	Subjects studied	Did you Graduate?
High School-			Yes No
Vocational-			Yes No
College-			Yes No
Other-			Yes No

### SKILLS AND QUALIFICATIONS

Please list all training, licenses, and typing speed (if applicable to position)


### PROFESSIONAL, TRADE, BUSINESS, CIVIC ASSOCIATIONS OR OFFICES HELD

Exclude memberships that pertain to race, religion, sex, national origin, age,  
Mental or physical disabilities and any other protected status.


### PROFESSIONAL REFERENCES

Name	Complete Address	Phone#	Yrs Known

### PERSONAL REFERENCES

Name	Complete Address	Phone#	Yrs Known

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**EMPLOYMENT HISTORY**  
Starting with most recent, please explain any gaps in work history at bottom of page

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Name of Company-		
Address-		
Telephone Number-		
Start Date-	Start Salary-	Start Job Title
End Date-	End Salary-	End Job Title
Summarize work performed-		
Reason for leaving-		
If it is deemed necessary, may we contact this company?		
		Yes ( )      No ( )
If NO, please explain-		

Name of Company-		
Address-		
Telephone Number-		
Start Date-	Start Salary-	Start Job Title
End Date-	End Salary-	End Job Title
Summarize work performed-		
Reason for leaving-		
If it is deemed necessary, may we contact this company? Yes ( ) No ( )		
If NO, please explain-		

Name of Company-		
Address-		
Telephone Number-		
Start Date-	Start Salary-	Start Job Title
End Date-	End Salary-	End Job Title
Summarize work performed-		
Reason for leaving-		
If it is deemed necessary, may we contact this company?		
Yes ( )		No ( )
If NO, please explain-		

EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY IN THIS SECTION



NOTIFY \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)  
 Address \_\_\_\_\_

2<sup>nd</sup> EMERGENCY, CONTACT

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(Name)	(Relationship)	(Phone)
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## CONSENT AND RELEASE

I understand and consent, that I may be required to take one or more of the following, physical exam, background check and drug testing as a condition of hiring and continued employment with the Apache Tribe of Oklahoma hereby, releasing the Apache Tribe of Oklahoma, its officers, directors, employees, or agents from any claim occurring in association with the use of such test(s) by the Apache Tribe of Oklahoma.

Date \_\_\_\_\_

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, inaccurate or false statements on this application shall be grounds for dismissal even if found after hiring, and that the Apache Tribe of Oklahoma, may terminate me, without prior notice, at any time.

I authorize investigation of all statements and the companies, reference, and former employers listed above to give any and all information concerning previous employment and any other pertinent information and to release The Apache Tribe of Oklahoma, its officers, directors, employees, and agents of any damage that may result from the use of such information.

If I am hired, I understand that the Apache Tribe of Oklahoma, or any representative of, may not make assurances of employment (oral, implied or written) unless they are in writing and signed by The Apache Tribe of Oklahoma's Chairperson.

Date \_\_\_\_\_

**\*ALL INFORMATION AND DOCUMENTATION PROVIDED WILL REMAIN CONFIDENTIAL\***

