

# Wyandotte Tribal Corporation

Phone 918-678-3030 Fax 918-678-2337

## APPLICATION FOR EMPLOYMENT

For Employment Consideration All Areas Must Be Completed

Last Name	First Name	Middle Initial	Social Security Number
			/ /

Address	City	State	Zip Code
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Telephone Number	Alternate Number	E-mail Address:	Your Birthday(month & day only)
( ) -	( ) -		

Please list all additional addresses for the past 7 years	Dates	
	FROM	TO
	(MM/YY)	

List Other Name(s) and Dates Used		

Who referred you to this company?  Newspaper  Walk-in  Job Fair  Employee  Website  Other

Tribal Member? Yes No Please circle one If yes, what Tribe: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

SCHOOL (INCLUDE CITY & STATE)	NO. YEARS ATTENDED	GRADUATED YES/NO	SUBJECTS/DEGREE
HIGH SCHOOL			
ADDRESS			
COLLEGE			
ADDRESS			
TRADE, BUSINESS OR CORRESPONDENCE			
ADDRESS			

**OTHER SPECIAL STUDIES, TRAINING/SKILLS**

Position(s) Applied For:	Date You Can Start ____ / ____ / ____	Salary Desired
Are you able to perform the duties of the job you are applying for? Yes No		
Are You Employed Now? YES NO Please Circle One	May We Contact Your Current Employer? YES NO Please Circle One	

Please list any relatives employed by Wyandotte Tribal Corporation

Name _____	Relationship _____
Name _____	Relationship _____

**EMPLOYMENT HISTORY**

List Below Previous Employers For The Last 5 Years , Beginning With The Most Recent  
Please include Street Address, City, State, Zip Code  
(Attach Additional Sheets if Necessary)

Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ____ ) ____ - ____			
Reason for leaving	May we contact for reference? ____yes____no		

Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ____ ) ____ - ____			
Reason for leaving	May we contact for reference? ____yes____no		

Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ____ ) ____ - ____			
Reason for leaving	May we contact for reference? ____yes____no		

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

**PROFESSIONAL REFERENCES**

Below, Give The Names of Three Persons Other Than Friends And Relatives, Whom You Have Known At Least One Year. You Must Have A Complete Personal Address And Current Phone Number.

Name	Address	Telephone (____)____-____	Business/Work Relationship	Years Known

**MILITARY SERVICE**

<b>BRANCH OF SERVICE</b>	<b>DISCHARGE DATE</b>	<b>RANK</b>
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Type of education, training or work experience received.

Are You Able To Provide A Copy of Your DD-214 Upon Request?    YES    NO    Please Circle One

Have You Ever Been Convicted of A Crime?    YES    NO    Please Circle One

If yes, explain and give date, city and state (only a felony conviction will exclude you from consideration of employment)

**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; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR FURTHER REVIEW.**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT. I HEREBY AUTHORIZE WYANDOTTE TRIBAL CORPORATION TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY BACKGROUND, CREDIT RECORDS AND CRIMINAL RECORDS THROUGH AN INVESTIGATIVE AGENCY. I HEREBY RELEASE WYANDOTTE TRIBAL CORPORATION FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.**

**I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON, AND I AM CONSIDERED AN AT-WILL EMPLOYEE FOR PURPOSES OF EMPLOYMENT WITH WYANDOTTE TRIBAL CORPORATION. I ALSO UNDERSTAND THAT NO REPRESENTATIVE OF THE WYANDOTTE TRIBAL CORPORATION HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.**

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

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

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