



Pawnee Nation Housing Authority

P.O. Box 408, Pawnee, OK 74058 * Phone: 918-762-3454 * Fax: 918-762-2284
Email: pawneenationha@sbcglobal.net * website: www.pawneenationhousing.org

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/St/ZIP: _____

Date of Birth: _____ Social Security #: _____

Phone #: _____ Message Phone: _____

Are you 18 years or older? ____ Yes ____ No

Do you claim Indian Preference? ____ Yes ____ No Tribal Affiliation: _____

** Please attach Certificate Degree of Indian Blood or Indian Preference Form BIA-4432*

Position Applying for: _____ Salary Desired: \$ _____

Related Experience: _____

Have you been convicted of a felony in the past year? ____ Yes ____ No

If yes, please explain circumstances: _____

U.S. MILITARY SERVICE RECORD:

Branch: _____ Rank: _____

Present Membership in National Guard or Reserve: ____ Yes ____ No

EDUCATION:

Name & Location of School(s)	Years Attended	Graduation Year	Certificate or Diploma (attach a copy)

PHYSICAL RECORD:

Would there be any reasonable accommodations required for you to fulfill the duties of which you are applying for? ____ Yes ____ No If yes, please explain: _____



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EMPLOYMENT HISTORY: List below the last three (3) employers starting with the last first.

Dates of Employment		Name, Address and Telephone Number of Employer	Job Title	Reason for Leaving
From	To			

REFERENCES: Give the name of three (3) individuals NOT related to you but whom you have known at least one year.

Name:	Name:	Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
Nature of Business:	Nature of Business:	Nature of Business:
Years Acquainted:	Years Acquainted:	Years Acquainted:

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

=====

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. I authorize an investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY			
INTERVIEWED BY: _____	TITLE: _____	DATE: _____	
HIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION: _____	DEPARTMENT: _____	
SUPERVISOR: _____	WAGE/SALARY: \$ _____	DATE REPORTING TO WORK: _____	
APPROVED BY: _____	SUPERVISOR: _____		



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REQUEST FOR BACKGROUND CHECK

Date: _____

Name: _____ D.O.B.: _____

Race: _____ Gender: _____ Social Security #: _____

Place of Birth: _____

Driver's License #: _____ State Issuing: _____

Other Names Used: _____

Marital Status: _____ Spouse Name: _____

Have you ever been convicted of a crime: Yes _____ No _____

If yes, please explain: _____

RELEASE STATEMENT:

I, _____ HEREBY GRANT FULL PERMISSION WITHOUT RECOURSE,
FOR THE USE AND RELEASE OF INFORMATION AS NECESSARY FOR THE
PURPOSE EXPLAINED.

Signature

OFFICE REQUESTING BACKGROUND CHECK:

Pawnee Nation Housing Authority
P.O. BOX 408
Pawnee, OK 74058
(918)762-3454

I HAVE EXPLAINED THE PURPOSE OF THIS FORM AND THE BACKGROUND CHECK
TO MR./MRS./MS./ _____ AND HE/SHE UNDERSTOOD.

DATE

AUTHORITATIVE SIGNATURE



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EMPLOYMENT VERIFICATION

Employer Name: _____ Date: _____
Address _____ RE: _____
City, State, Zip: _____ SS#: _____
Phone #: _____

To establish eligibility for occupancy, we must verify the incomes of all residents and prospective residents. The person identified above has informed us that he/she is now, or has been within the past twelve (12) months, employed by your firm. Please return the information requested below as soon as possible.

AUTHORIZATION OF APPLICANT TO RELEASE INFORMATION:

Signature of Applicant/Employee PNHA Representative
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Employed from (dates) _____, 20__ to _____, 20__

Occupation: _____

Employment is: (check one) ___ Permanent ___ Seasonal ___ Temporary ___ Terminated

Current or last pay rate: \$_____ per _____ Effective since _____

Do you anticipate this employee will receive a salary increase within the next 12 months? ___ Yes ___ No

If yes, anticipated amount of increase is \$_____ per _____

Effective date of anticipated increase _____

Anticipated number(s) of hours worked per week: Straight time: _____ Overtime: _____

Estimated amount of: Tips \$_____ per _____

Bonuses \$_____ per _____

Commissions \$_____ per _____

Actual earnings during the past 12 months or for the period of employment if less than 12 months

From: _____ to _____ \$_____ Number of hours of overtime _____

Your estimate of anticipated total earnings next 12 months \$_____

Date: _____ Firm Name: _____

Employer's Telephone #: _____ Reported By: _____

Title: _____

Verified by phone Name and Title: _____ Date: _____
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