



Kiowa Tribe

APPLICATION FOR EMPLOYMENT CHECKLIST

Applicant Name	
Address	
Position Number & Title	

Please ensure that you answer all questions completely and attach all pertinent information and required documentation that will provide the necessary information to qualify you for the position you are applying for:

1. Complete Kiowa Tribe Employment Application
2. Submit/Attach copy of Indian Preference Form 5-4432 (*if applicable*)
3. Submit/Attach copy of College Transcripts and/ or Training Certificates
4. Complete Declaration for Tribal Employment
5. Complete Physical/TB Test, if applicable

This page must be completed if applying for Head Start and Child Care positions.

6. Other Documents deemed applicable

HR USE ONLY

1.	Did applicant submit completed employment application?	Yes	No
2.	Did applicant submit copy of Indian Preference?	Yes	No
3.	Did applicant submit college transcript/training certificate?	Yes	No
4.	Did applicant submit completed Declaration for Tribal Employment?	Yes	No
5.	Did applicant submit Physical/TB Test Documentation?	Yes	No
6.	Did applicant submit any other documents?	Yes	No
7.	Is application complete?	Yes	No

Notes: _____

Reviewed By: _____ Date: _____



Kiowa Tribe

Human Resources
 PO Box 10
 Carnegie, OK 73015

P. (580)654-6317
 F. (580)654-2855



APPLICATION FOR EMPLOYMENT

Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of Human Resources.

POSITION NUMBER & TITLE: _____
***Note: An application is required for each position applied for**.*

APPLICANT INFORMATION

Name:	Social Security Number:
Address:	City:
State: Zip:	DOB:
Telephone Number:	Email:
Type of employment desired?	What is your desired salary:
Will you relocate if job requires it?	Will you travel if job requires it?
Are you able to meet the job requirements?	Date available to work:
If necessary, the best time to call you at home is:	
May we contact you at work? Yes No If yes, best time to call and number:	
If you are under eighteen (18) and if it is required can you furnish a work permits?	Yes No
If no, please explain.	
Have you submitted an application here before?	Yes No
If yes, please give dates:	
Have you ever been employed here before?	Yes No
If yes, please give dates:	
Are you legally eligible for employment in this country?	Yes No
Have you ever been recalled from an official capacity of the Kiowa Tribe?	Yes No
Have you ever been bonded?	Yes No
Have you ever pled "guilty" or "no contest, or been convicted of any crime?	Yes No
If yes, please explain:	

Are you a registered sex offender?	Yes	No
Do you possess a valid Oklahoma Driver's License?	Yes	No
Class:	Endorsements:	
Do you believe that you would be insurable under the Kiowa Tribe's insurance carrier?	Yes	No
Would you be willing to submit to an Alcohol and Drug Testing?	Yes	No
Would you be willing to submit to a background check?	Yes	No
Are you claiming Indian Preference? If yes, you must attach Form 4432 Indian Preference, if not attached Indian Preference will not be considered.	Yes	No
Are you claiming Veteran Preference? If yes, you must attach Form DD-214, if not attached Veteran Preference will not be considered.	Yes	No

SKILLS AND QUALIFICATIONS:

Summarize any special training skills, licenses and/or certificates that may qualify you being able to perform job related functions in the position for which you are applying. Specify typing speed, if applicable to position.

EDUCATIONAL BACKGROUND:

List last three (3) schools attended starting with high school. List number of years completed. Indicate degree/diploma earned and attach copy of degree/diploma and transcripts. List grade point average or class rank and major and minor field of study.

School Name	Years Completed	Degree/Diploma	GPA/Class Rank	Major & Minor
				Major: _____ Minor: _____
				Major: _____ Minor: _____
				Major: _____ Minor: _____

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.:

Exclude memberships that would reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve National Guard or any other similar protected status.

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATION AND ANY OFFICES HELD:

Exclude memberships that would reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve National Guard or any other similar protected status.

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER AS PART OF THE QUALIFICATION REQUIREMENTS:

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REFERENCES:

List name, address and telephone number of three references that are not previous employers and are not related to you.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

EMPLOYMENT HISTORY:

Provide the following information of your past and current employers, assignments or volunteer activities, starting with most recent. (Use additional sheets if necessary). Explain any gaps in employment in comments section below.

Please provide complete addresses, if complete addresses are not provided, application will be considered incomplete.

Employer Name:	Address:
Telephone Number:	City:
Position:	State: Zip:
Starting Salary:	Ending Salary:
Starting Job Title:	Ending Job Title:
Starting Date:	Ending Date:
Supervisor:	Reason For Leaving:
Summarize the type of work performed:	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name:	Address:
Telephone Number:	City:
Position:	State: Zip:
Starting Salary:	Ending Salary:
Starting Job Title:	Ending Job Title:
Starting Date:	Ending Date:
Supervisor:	Reason For Leaving:
Summarize the type of work performed:	
May we contact for reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name:	Address:	
Telephone Number:	City:	
Position:	State:	Zip:
Starting Salary:	Ending Salary:	
Starting Job Title:	Ending Job Title:	
Starting Date:	Ending Date:	
Supervisor:	Reason For Leaving:	
Summarize the type of work performed:		
May we contact for reference? Yes No		

Employer Name:	Address:	
Telephone Number:	City:	
Position:	State:	Zip:
Starting Salary:	Ending Salary:	
Starting Job Title:	Ending Job Title:	
Starting Date:	Ending Date:	
Supervisor:	Reason For Leaving:	
Summarize the type of work performed:		
May we contact for reference? Yes No		

Employer Name:	Address:	
Telephone Number:	City:	
Position:	State:	Zip:
Starting Salary:	Ending Salary:	
Starting Job Title:	Ending Job Title:	
Starting Date:	Ending Date:	
Supervisor:	Reason For Leaving:	
Summarize the type of work performed:		
May we contact for reference? Yes No		

ADDITIONAL COMMENTS:

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CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with the Kiowa Tribe, you will be required to submit to and pass a pre-employment urine analysis for all positions under the Kiowa Tribe's Umbrella, regardless of classification (i.e. Permanent full-time/part-time, Casual Hire, or Contract positions), you will be required to take a urine test for Drug/Alcohol use as a condition of employment. The purpose of the Drug Test is to ensure a drug free working environment in accordance with the Drug Free Workplace Act of 1988.

I, _____, have been fully informed by my potential employer of the reason for this pre-employment urine analysis for Drug/Alcohol. I also understand that refusal to test or if tested positive that I will not be eligible for employment. I understand what I am being tested for, the procedure involved and freely give my consent. I also understand that results of this test will be sent to my prospective employer and willingly authorize these test results to be released to the Kiowa Tribe's HR Director.

Applicant Signature

Date

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the Kiowa Tribe is a true, complete and correct.

I understand that any information proved by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**** NOTE** PERSONS WHO SUBMIT INCOMPLETE APPLICATIONS WILL BE GIVEN CREDIT ONLY FOR THE INFORMATION THEY PROVIDE AND MAY NOT, THEREFORE, RECEIVE FULL CREDIT FOR THEIR VETERANS PREFERENCE, INDIAN PREFERENCE, EDUCATION, TRAINING AND/OR EXPERIENCE. Please attach all supporting documentation.**

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies including the Oklahoma State Bureau of Investigations, licensing authorities and educational institutions and to otherwise verify the accuracy of information provided by me in this application, resume or job interview. I hereby waive any and all rights to claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information about me. I further authorize the Kiowa Tribe to obtain a criminal background through the Oklahoma State Bureau of Investigation and I fully understand that it will be used for employment purposes only.

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

I understand that this application remains current for only thirty (30) 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 to reapply and fill out a new application.

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

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read and fully understand and accept all terms of the foregoing applicant statement.

Applicant Signature

Date



KIOWA TRIBE

Human Resources
PO Box 10
Carnegie, OK 73015

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Addendum to Declaration for Tribal Employment

Complete this page only if you are applying for a position with any of the following programs: Child Care, Head Start, Indian Child Welfare, Kiowa Emergency Youth Shelter, Social Services

Applicant Name:	SSN:
Position Applied for:	Program:

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal Child Care positions contain a question asking whether the individual(s) have ever been arrested for or charged with a crime involving a child and for the disposition of the arrest of charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contain a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian Children. The agency must ensure that person hired for these positions has to have been found not guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Tribal Employment under Federally Funded Child Care/Head Start positions.

- 1. Have you ever been arrested for or charged with a crime involving a child?** YES NO
(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place occurrence, and the name and address of the police department or court involved.)
- 2. Have you ever been found guilty or, entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or tribal law involving crime of violence, sexual assault, molestation, exploitation, contact or prostitution; or crimes against a person; or offense committed against children?** YES NO
(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place occurrence, and the name and address of the police department or court involved.)

I certify that (1) my response to these questions are made under penalty or perjury, which is punishable by fines of up to \$2000.00 or five (5) years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Kiowa Tribe and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant Signature

Date

State of Oklahoma
Department of Human Services

Name of Employee		Birth date	
Facility where employed		County	

I. TUBERCULIN TEST:

Type	Date given	Date read	Result	Read by

II. CHEST X-RAY: This section required only if PPD/Tine is positive.

Date	Reading

Do these results prevent the patient from working with children? Yes No

Next chest x-ray recommended:

III. PHYSICAL EXAMINATION

Date of examination	Height	Weight	Blood Pressure	VDRL	Laboratory findings
Hearing acuity				Visual acuity	
Result of examination					

IV. RECOMMENDATIONS/COMMENTS regarding physical and emotional health relative to ability to provide care for others

DO
MD

Physician's Signature

Date

Address

NOTICE: This form is provided by the Department of Human Services for the convenience of the reporting health professional only. This form is NOT an authorization to claim payment or charges from DHS. All expenses, fees, and/or charges resulting from this examination are the responsibility of the patient.