

Employment Experience:

1) Employer: _____

Address: _____ City: _____ State: _____

Phone: () _____ Job Title: _____

Supervisor: _____

Dates employed: from ____/____/____ to ____/____/____ Hourly rate/salary: Starting ____/____/____

Final ____/____/____

Work performed: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____ State: _____

Phone: () _____ Job Title: _____

Supervisor: _____

Dates employed: from ____/____/____ to ____/____/____ Hourly rate/salary: Starting ____/____/____

Final ____/____/____

Work performed: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____ State: _____

Phone: () _____ Job Title: _____

Supervisor: _____

Dates employed: from ____/____/____ to ____/____/____ Hourly rate/salary: Starting ____/____/____

Final ____/____/____

Work performed _____

Reason for leaving: _____

References:

List names and telephone numbers of three business/work references who are **not** related to you. If not applicable, list three school or personal references that are **not** related to you.

Name	Title	Relationship to you	Telephone	Years Known

Employment Application/Background Authorization Release

The Kickapoo Tribe of Oklahoma is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex religion, national origin or physical handicap, provided, however, preferences and opportunities for training and employment in connection with the administration of such contracts or grants shall be given to Indians in accordance with sections 7(b) of the Indian Self-determination Act.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Kickapoo Tribal Health Center's rules and regulations, and I understand that these rules and regulations do not form a contract of employment either express or implied. I understand that the KTO is an at-will employer per resolution KTO 07-67 which states my employment and compensation can be terminated, with or without cause and with or without notice, at anytime, at either my or the Kickapoo Tribal Health Center's option.

The Kickapoo Tribal Health Program is required to implement the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. As such, it is unlawful for employees to manufacture, distribute, dispense, possess, or use controlled substances on the job site. Pre-employment and random drug testing is mandatory. Any applicant that tests positive will be denied employment, an applicant may re-apply for employment after a six-month waiting period. Violation of these rules subjects employees to disciplinary action, up to and including discharge.

By signing my name below I authorize, without reservation, the Kickapoo Tribal Health Center authorized personnel, its representatives or agents to contact and obtain information from all references (personal and professional), previous employers, public agencies, law enforcement agencies, licensing authorities and educational institutions and to verify the accuracy of all information provided by me in this application or job interview. I hereby waive any and all rights and claims I may have regarding the employers, 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 this application remains current for only six (6) months. 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.

I understand that this application MUST be accompanied by a completed and signed Background History Check Release Authorization Form in order to be considered for employment.

Applicant's Signature

Date