The Pawnee Nation of Oklahoma

881 Little Dee Drive, Building 64 / P.O. Box 470
Pawnee, Oklahoma 74058
Phone: (918) 762-3621, Fax: (918) 762-1051

Application for Employment

Print Form

PERSONAL INFORMATION:

Name: _____ _____ ___
Last, *First* *M.I.*

Date of Birth: _____

Social Security #: _____

Address: _____
Street, Post Office, Rural Route

Telephone #: _____
(Area Code) + Number

_____ ____ _____
City *State* *Zip Code*

To claim Indian Preference: Attach Indian Preference Form (BIA-4432) or Certificate of Degree of Indian Blood

Are you a member of a federally recognized American Indian Tribe? ☐ Yes or ☐ No

Indicate Tribal Affiliation: _____

For what position are you applying? _____ Salary Desired: _____

Experience related to the position: _____

Are you currently employed? ☐ Yes or ☐ No If yes, may we inquire with your current employer? ☐ Yes or ☐ No

Current job title? _____ Dates of employment? _____

Reason for Leaving, if applicable:

Have you ever been convicted of a felony? ☐ Yes or ☐ No

If yes, provide conviction date, type, & circumstances:

UNITED STATES MILITARY SERVICE :

Branch: _____ Rank: _____

Are you currently a member of the National Guard or Reserve? ☐ Yes or ☐ No

To claim Veterans Preference: Attach DD Form 214 showing Honorable or General Discharge

EDUCATION: List your educational history, beginning with High School.

School Name & Location	# Years Attended	Did you Graduate?	Type of Degree & Field of Study

To claim Educational Achievement: Attach transcript and/or diploma

EMPLOYMENT HISTORY: List your previous employers, beginning with your current or most recent employer.

From	To	Company Name & Phone #	Job Title	Reason for Leaving

(Area Code) + Phone #

REFERENCES: Give the name of three persons not related to you, whom you have known for three or more years.

Name	Phone #	# Years Acquainted	Relationship

(Area Code) + Phone #

PHYSICAL RECORD: Do you need reasonable accommodations to fulfill the position's essential job duties? ☐ Yes or ☐ No

If yes, briefly describe the type of necessary accommodation(s):

EMERGENCY CONTACT: List your next-of-kin, to be contacted in the event of an emergency.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

(Area Code) + Phone #

The Pawnee Nation of Oklahoma is committed to providing employment opportunities to individuals whose experience and abilities best match job requirements. It is the policy of the Pawnee Nation to ensure equal employment opportunity to all qualified persons, without regard to race, gender, color, age, religion, marital status, national origin, sexual orientation, physical or mental handicap not related to ability, citizenship status, veteran status, or any other characteristic prohibited by law. It is the interest and desire of the Pawnee Nation that equal opportunity be provided in employment and human resources policies, procedures, and practices, such as recruiting, retention, compensation, benefits, training, layoffs and recalls, terminations, and all other privileges, terms, and conditions of employment.

I attest with my signature below that I have provided true and complete information on this employment application form. Furthermore, I affirm that I have neither concealed nor withheld any information relevant to my eligibility for employment. I authorize the Pawnee Nation to contact references provided for employment reference checks and to conduct a background investigation of my criminal, commercial, and financial records. If any information I have provided is untrue, or if I have concealed material information, I will be subject to denial of employment or immediate dismissal from employment.

Signature_____ Date_____

Pawnee Nation of Oklahoma
Employment Application Addendum

Name: _____

Explain why you should be selected to fill the position to which you are applying.

Describe how your education, training, professional certifications, prior work experiences, etc. have prepared you to successfully perform the essential functions of the position to which you are applying.

Name: _____

List prior educational coursework, professional trainings, or on-the-job experiences that have equipped you with the knowledge, skills, and abilities necessary to succeed in the position to which you are applying.

Describe how you would respond to conflict in the workplace with your supervisor, a co-worker, or client.

Name: _____

Describe your strengths and weaknesses, as related to employment.

Explain what you liked the best and least about your most recent job.