



# Employment Application

Tribal Employment Rights Ordinance of the Kickapoo Tribe in Kansas Indian Preference Policy will be utilized as follows: Kansas Kickapoo Tribal Members, other enrolled members of Native American Tribes, followed by all other applicants who meet minimum qualifications.

## Applicant Information

Full Name:		Date:
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
City:	State:	ZIP Code:
Phone: ( ) -	Message Phone: ( ) -	E-mail Address:
Date Available:	Some positions require you to be at least 18 years of age. If hired, can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Tribal Affiliation

Are you an enrolled member of the Kickapoo Tribe in Kansas? Yes  No  Enrollment #: \_\_\_\_\_

*If you are claiming Native American Preference, please complete the following:*

Are you an enrolled member of a Federally Recognized Tribe? Yes  No  Tribe: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

## Position of Interest

<b>Position applying for:</b>	
Are you Authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Kickapoo Tribe?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Explain.

## Level of Education

High School/ GED	Address:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:	Address:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:	Address:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

## References

*Please list two professional references.*

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

## Employment History – (List current or most recent employment first.)

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Did you serve in the Military? YES  NO  Branch: From: To:

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Incomplete applications WILL NOT be processed until the applicant provides the necessary information.

Signature: Date: