



The Kiowa Tribe Employment Application

Human Resources Department

P.O. Box 369 Carnegie OK 73015 | Phone: 580-654-6464 | Fax: 580-654-2855

According to the Kiowa Tribe Human Resource Policy and Procedures, the Kiowa Tribe recognize Kiowa preference first, other tribes second, and non-natives last. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation.

PERSONAL INFORMATION:

Answer each question fully and accurately. NO action can be taken on this application until you have answered all questions. PLEASE PRINT, except for signature on back of application:

Job Applying For: _____ Today's Date: _____

Are you seeking: Full-Time Part-Time Emergency Hire When are you available to start? _____

_____ Last Name First Name MI Phone Number

_____ Mailing Address City State Zip Code

_____ Email Address What is your desired salary? _____

Are you of 18 years of age or older? Yes No

Last four of your social security # _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied for employment here? Yes No Have you ever been employed here? Yes No

Would you be willing to submit to an Alcohol and Drug Testing? Yes No

Would you be willing to submit a release for permission to conduct a background check? Yes No

Have you EVER been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations. Yes No

If yes, please provide details: _____

Are you a registered sex offender? Yes No

If employed, do you expect to be engaged in any additional business or employment outside of this position? Yes No

If yes, please provide details: _____

Do you have a valid driver's license? Yes No

Driver License Number

Class of License

State Issued

Expiration Date

Have you EVER had your driver's license suspended or revoked in the last three (3) years? Yes No

If yes, please provide details: _____

Would you be insurable under the Kiowa Tribe's insurance carrier? Yes No

Are you claiming Indian Preference? Yes No If so, what is your tribal affiliation? _____

If yes, you must attach Form 4432 Indian Preference and/or Tribal ID. If you do not attach the form, it will not be considered.

Are you claiming Veteran Preference? Yes No If so, which branch? _____

If yes, you must attach the DD-214 Form. If you do not attach the form, it will not be considered.

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

ONLY answer questions (1-4) if you were and/or are an ELECTED and/or APPOINTED official of the Kiowa Tribe:

1. Have you EVER served in the capacity of a Legislator, Chairman, Vice Chairman, Treasurer, Enrollment Officer, Election Board, or the Executive Director? Yes No

If yes, please provide the dates: _____

2. Have you EVER been recalled from an official capacity of the Kiowa Tribe? Yes No

If yes, please provide the dates: _____

3. If yes, please explain: _____

4. Have you EVER been bonded? Yes No

If yes, please provide the dates: _____

EMPLOYMENT HISTORY CONTINUED:

Are you presently employed? Yes No

If yes, may we contact them for reference? Yes No

If yes, whom do we contact? _____
Name of Contact Phone Number

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three (3) to four (4) references, personal and professional.

_____	_____	_____
Name of Reference	Address	Phone Number
_____	_____	_____
Name of Reference	Address	Phone Number
_____	_____	_____
Name of Reference	Address	Phone Number
_____	_____	_____
Name of Reference	Address	Phone Number

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete background investigation. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I consent to the pre-employment COVID testing and will provide one prior to orientation. It will be a PCR test and not a RAPID test. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

SIGNATURE

DATE