

# Kickapoo Tribe in Kansas

## Employment Application

The Kickapoo Tribe in Kansas and its enterprises are Indian Preference employer's pursuant to Tribal Employment Rights Ordinance as authorized by the Kickapoo Tribal Council. Use the 'TAB' key to move through the document.

GENERAL INFORMATION				
Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address		Social Security Number		Date of Birth (mm/dd/year)
Are you enrolled member of a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tribe		Enrollment Number
Position applying for				
Have you ever worked for the Kickapoo Tribe in Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when:			Date Available	
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and for what:				

EDUCATION AND TRAINING						
High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date

MILITARY SERVICE		
Branch of Service	Date of Entry	Date of Discharge
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**MISCELLANEOUS INFORMATION**

Do possess a Valid Driver's License?

☐ Yes☐ No

If Yes, License Number

Valid CDL?

☐ Yes☐ No

Will you submit to a physical if required?

☐ Yes☐ No

If No, Why?

Do you have an immediate relative employed in the department that you are applying for?

☐ Yes☐ No**WORK EXPERIENCE**

Employer

Telephone Number ( ) -

From (Month/Year)

Address

Job Title

Supervisor

To (Month/Year)

Specific Duties (Maximum 1000 characters)

Hours Per Week

Last Salary

Supervisor

Reason For Leaving

May We Contact This Employer? ☐ Yes ☐ No

Employer

Telephone Number ( ) -

From (Month/Year)

Address

Job Title

Number Employees Supervised

To (Month/Year)

Specific Duties (Maximum 1000 characters)

Hours Per Week

Last Salary

Supervisor

Reason For Leaving

May We Contact This Employer? ☐ Yes ☐ No

Employer

Telephone Number ( ) -

From (Month/Year)

Address

Job Title

Number Employees Supervised

To (Month/Year)

Specific Duties (Maximum 1000 characters)

Hours Per Week

Last Salary

Supervisor

Reason For Leaving

May We Contact This Employer? ☐ Yes ☐ No**DRUG TESTING POLICY**Would you be willing to take an initial urine analysis test as a condition of employment? ☐ Yes☐ NoRandom? ☐ Yes☐ No**EMPLOYEE STATEMENT OF ACCURACY AND AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION**

I certify that all of the statements made in this application are true, accurate, and complete. I also understand that any false or misleading statements or incomplete information on this application may be cause for no consideration for employment. I further consent to the release of previous employment and other pertinent information concerning my employment, criminal history to the Kickapoo Tribe or Enterprise for which I am seeking employment. This is my authorization to my previous employers to release my employment history with them to the requesting Kickapoo Tribe in Kansas or one of its enterprises.

Print Last Name: \_\_\_\_\_ Print First Name: \_\_\_\_\_ Print M.I. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_