

Kickapoo Tribal Health Center Employment Application

P.O. Box 1360
McCloud, OK 74851

Phone: (405) 964-2081
Fax: (405) 964-2512

Position applying for: _____

Who recommended you to apply for this position: _____

Legal Name: _____

Last

First

Middle

Address: _____

Number/Street

City

State

Zip Code

Contact Number: _____ Contact E-Mail: _____

Date of Birth: _____ Social Security #: _____

What is your Tribal Affiliation: _____ Roll #: _____

List relatives working for the Kickapoo Tribal Health Center and show kinship: _____

What languages, other than English, do you speak fluently: _____

Read: _____ Write: _____

Do you have a valid Oklahoma State Driver License? Yes ___ No ___

Driver License #: _____

Are you a veteran of the United States Military service? Yes ___ No ___

Education Background:

High School: _____

Course of Study: _____

Location: _____

Graduation Date: _____

College: _____

Course of Study: _____

Location: _____

Graduation Date: _____

Vocational Training/Other: _____

Course of Study: _____

Location: _____

Graduation Date: _____

Any Other Continuing Education: _____

Special Training or Skills:

Computer, machine operation, etc. that would be beneficial in the job which you are applying for

Employment Experience:

Employer: _____

Address: _____ City: _____ State: _____

Phone: _____ Job Title: _____

Supervisor: _____

Date employed: from ____/____/____ to ____/____/____ Hourly rate/salary: Starting _____
Final _____

Work performed: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____ State: _____

Phone: _____ Job Title: _____

Supervisor: _____

Date employed: from ____/____/____ to ____/____/____ Hourly rate/salary: Starting _____
Final _____

Work performed: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____ State: _____

Phone: _____ Job Title: _____

Supervisor: _____

Date 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	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 rule 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 any time, at either my or the Kickapoo Tribal Health Center's option.

The Kickapoo Tribal Health Center Program is required to implement the Drug-Free Workplace Act of 1998, 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 the Background History Check Release Authorization Form MUST be completed, accompanied, and signed in order to be considered for employment.

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.

Applicant's Signature

Date

Background History Check Release Authorization

PRINT Legal Name: _____
LAST
FIRST
MIDDLE

Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.) _____

Date of Birth (MM/DD/YYYY): ___/___/___ Social Security #: _____-_____-_____

Current Mailing Address: _____
Number/Street
City
State
Zip Code

Male: _____ Female: _____

Certification and Authorization:

I hereby authorize Kickapoo Tribal Health Center (KTHC) to obtain reference information concerning me and to conduct a, criminal or motor vehicle record history check(s), as applicable, through law enforcement agencies, state courts, tribal courts, other records resources. Information of a confidential and privileged nature is included in this authorization. I also understand that a conviction of a crime against a person may negatively impact or prevent me from obtaining a position with the Kickapoo Tribal Health Center. Failure to comply with the request for authorization to conduct a criminal or motor vehicle record history check(s) will disqualify me from employment.

I certify that the information I have provided on this form is complete and truthful. I understand that providing misleading or false information or failing to disclose convictions will be basis for disqualification from further consideration for employment/contract service with the KTHC.

I, _____, hereby authorize the Kickapoo Tribal Health Center to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Kickapoo Tribal Health Center will utilize an outside law enforcement firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Health Center's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

FOR COURT CLERK USE ONLY

DATE	OFFENSE/CHARGE	TYPE OF CHARGE	DISPOSITION

Please attach any other supporting documentation

Signature of Court or other Personnel completing this form: _____