

Please Read Before Submitting Application

**There are four ways to submit an employment application to the Sac and Fox Nation
Human Resources Department**

1. The form can be mailed to:

**Human Resources
920963 S. Hwy 99
Stroud, OK 74079**

**2. The form can be dropped off at the Administration Building in Stroud, OK or at
the Shawnee Multi-Purpose Center in Shawnee, OK.**

3. The form can be faxed to 918-968-3240.

**4. The form can be completed using Adobe Acrobat. Once the form has been
completely filled out, the form must be saved locally to your computer and then
added as an attachment to an email. The email address to send the completed
form is amber.riley@sacandfoxnation-nsn.gov**



Date received by SFN _____
Vacancy Announcement # _____

Sac and Fox Nation Application for Employment

All questions must be answered carefully and completely. If you have a resume, please attach it to this application. PLEASE TYPE OR PRINT.

Date _____ Location Desired _____
Position Desired _____ Salary Desired _____
Available to work Full-Time Part-Time Date Available _____

Personal Data

Name _____

If you have ever worked under a different name, please provide the name(s) and dates employed under this name(s):

Address _____

Number and Street

City

State

Zip

*Telephone _____

*Email Address _____

Are you:

- Yes No Legally eligible for employment in the United States?
 Yes No Enrolled member of a federally recognized Native American Tribe? If yes, list tribe: _____
 Yes No A previous applicant?
 Yes No A previous employee? If yes, what position did you hold? _____
 Yes No A licensed driver? If yes, issuing state and number _____
 Yes No High school graduate or equivalency? Last high school attended _____
 Yes No As an adult, have you ever been convicted of a felony or other crime involving embezzlement, fraud, or moral turpitude? (Do not include juvenile convictions) Conviction will not automatically exclude you from employment consideration, but the nature of the conviction will be considered in relationship to the job for which you applied.

*If yes, list offense, date, and describe in detail _____

Post High School Education (amount of education considered necessary will vary according to the job applied for)

| Institution Name | Location | From | To | Degree | Major |
|------------------|----------|------|----|--------|-------|
| | | | | | |
| | | | | | |

Work Experience (Start with most recent position and list each employer for the past five (5) years. Use supplemental page, if necessary).

| | | | |
|-----------------------|------------|----------------------|--------------------|
| Present/Last Employer | | | Type of Business |
| Address | | | Telephone Number |
| Start Date | Leave Date | Last Salary | Reason for Leaving |
| Job Title | | Supervisor and Title | May we contact? |
| Description of Duties | | | |
| | | | |
| Present/Last Employer | | | Type of Business |
| Address | | | Telephone Number |
| Start Date | Leave Date | Last Salary | Reason for Leaving |
| Job Title | | Supervisor and Title | May we contact? |
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| | | | |
| Present/Last Employer | | | Type of Business |
| Address | | | Telephone Number |
| Start Date | Leave Date | Last Salary | Reason for Leaving |
| Job Title | | Supervisor and Title | May we contact? |
| Description of Duties | | | |
| | | | |

Additional Skills or Experience

List special skills you possess and specialized training, licenses or certificates you have received: _____

List your computer and software knowledge: _____

U.S. Military: Branch of Service: _____ Rank of Discharge: _____ Dates of Service: _____

Agreement (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.

I understand that any employment with Sac and Fox Nation is for an indefinite term and may be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that the hours of work will be set and may be changed by the Nation. I understand that upon being hired, I will have to prove authorization to work in the United States.

I authorize Sac and Fox Nation to make all necessary and appropriate investigation to verify the information contained herein and I authorize any person(s), schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any), to provide any job-related information that may be required by SFN to arrive at an employment decision.

I understand that Sac and Fox Nation reserves the right to require its applicants to submit to drug tests. I understand that a positive drug test or refusal to submit to a drug test will preclude my application from further consideration.

INDIAN PREFERENCE: in filling positions, preferences in selection will be given to qualified Indian preference candidates. Eligibility will be determined from current Sac and Fox Nation Personnel Policies and Procedures. **EQUAL EMPLOYMENT:** Except for Indian preference, consideration will be made without regard to any non-merit factor such as race, color, religion, sex, sexual orientation, national origin, disabilities, marital status or age.

Signed _____ Date _____



SAC AND FOX NATION

920883 S HWY 99 Bldg A – Stroud, Oklahoma 74079- Telephone (918) 968-3526 – Fax (918) 968-3240

REQUEST FOR BACKGROUND CHECK

Name: _____ DOB: _____
 (LAST) (FIRST) (MIDDLE)

Race: _____ Sex: _____ SSN: _____

Place of Birth: _____
 (CITY) (STATE) (COUNTY)

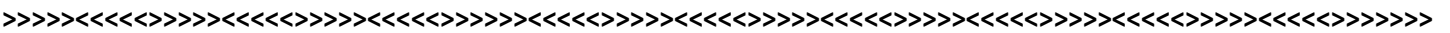
Current Address: _____
 (CITY) (STATE) (COUNTY)

Drivers' License #: _____ State Issuing License: _____

Alias/Other Names Used: _____

Have you ever been convicted of a Felony? Yes: _____ No: _____

If yes, please explain: _____



BACKGROUND AUTHORIZATION

I authorize the complete release of these records pertaining to me in which an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other person having personal knowledge of me to furnish the Sac and Fox Nation or its designated agents with any and all information in their possession.

I authorize Sac and Fox Nation to make all necessary and appropriate investigation(s) to verify the information contained herein and to hold Sac and Fox Nation harmless from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

PRINTED NAME

SIGNATURE

DATE