



APPLICATION FOR EMPLOYMENT

118 S. Eight Tribes Trail | P.O. Box 1527
Miami, OK 74355
Office: 918-540-2535 | Fax: 918-540-2538

Personal Information				
Name:			Social Security #	
Present Address:				
Street	City	State	Zip	
Permanent Address:				
Street	City	State	Zip	
Telephone #:			Referred By:	
Employment Desired				
Position:		Date You Can Start:	Salary Desired:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied to the Peoria Tribe of Indians of Oklahoma before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, Where/When?		
Education				
Type of School	Name/Location of School	Years Attended*	Date Graduated*	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				
* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.				
General				
Subjects of Special Study/Research Work:				
What Foreign Languages Do You Speak/Read/Write Fluently?				
U.S. Military or Naval Service:		Rank:	Present Membership in National Guard/Army Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last

Middle

Former Employers				
<i>* List below last four employers, starting with the most recent.</i>				
Dates (Month/Year)	Name & Address of Employer	Salary	Position	Reason For Leaving
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
References				
<i>* List the names/Addresses of three (3) persons not related to you, whom you have known at least one (1) year.</i>				
Name	Address	Business	Years Acquainted	
1.				
2.				
3.				
Do you have any physical defects that preclude you from performing any work for which you are being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were you ever injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____				
Have you any defects in: <i>Hearing?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Vision?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Speech?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
In case of emergency, Notify:				
Name		Address		Telephone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature **Date**

The Peoria Tribe of Indians of Oklahoma is an Equal Opportunity Employer. As a sovereign, federally recognized Tribe, Indian Preference shall be observed according to Peoria Tribal Personnel Policies and Procedures III,C(2). Tribal Enrollment Cards, CDIB or other information submitted regarding tribal affiliation is strictly voluntary.

DO NOT WRITE BELOW THIS LINE - Administration Use Only!

Interviewed By:					Date:								
Remarks: _____ _____													
Neatness		1	2	3	4	5	Character		1	2	3	4	5
Personality		1	2	3	4	5	Ability		1	2	3	4	5
Hired:	Department:			Position:			Salary/Wages:			Will Report:			

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, The Peoria Tribe of Indians of Oklahoma does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.



PEORIA TRIBE
OF INDIANS OF OKLAHOMA

AUTHORIZATION AND RELEASE

The undersigned has filed an Application for Employment with the Peoria Tribe of Indians of Oklahoma.

I hereby authorize the Peoria Tribe of Indians of Oklahoma to investigate my criminal history, and authorize any person to answer any questions about their experience with me and other pertinent items as stipulated on the submitted Application For Employment relating to previous felony convictions. I further agree to be fingerprinted at the request of the Tribe, and consent to the use of my fingerprints in the background check.

First Name: _____ Middle Initial: _____ Last Name: _____

Suffix: _____ Gender: M or F Date of Birth: _____
(If applicable) (Mark One)

Street Number: _____ Street Name: _____ Street Type: _____
(St., Blvd., Ave., Rd., etc)

Apartment Number: _____ City: _____ State: _____ Zip Code: _____

Tribal Affiliation: _____ Social Security Number: _____
(If any)

I hereby expressly waive, release, and forever discharge the Peoria Tribe of Indians of Oklahoma, the Peoria Tribal Gaming Commission and their agents from any and all manner of action and causes of action whatsoever that I, my administrators or executors can, shall, or may have against the Peoria Tribe of Indians of Oklahoma, the licensing agency and their agents, as a result of my filing an application for employment with the Peoria Tribe of Indians of Oklahoma.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance; and

In witness whereof, I have executed this release at _____, _____
(City) (State)

On this _____ day of _____, 20 _____

Applicant's Signature

State of OKLAHOMA)
) SS.
County of OTTAWA)

Before me the undersigned, a Notary Public in and for said County and State on this _____ day of _____, 20_____, personally appeared _____ personally known to me to be the same person who executed the above instrument.

Notary Public

My Commission Expires: _____