



United Keetoowah Band of Cherokee Indians in Oklahoma

P.O. Box 746 • Tahlequah, OK 74465
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Phone: (918) 871-2800 • Fax: (918) 414-4000
Toll Free: 1-888-867-2430
www.ukb-nsn.gov

Application For Employment

We are an equal opportunity employer with preferences given to Tribal and Native American persons. We do not unlawfully discriminate in employment or during the hiring process. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis expressly prohibited by federal or state law.

Applicant Name: _____ **Date:** _____

Position(s) Applied for or Desired Type of Work: _____

Day Time Phone: _____ **Cell Phone:** _____

Address: _____

Social Security # _____

Type of Employment Desired: _____ Full Time _____ Part Time _____ Temporary _____ Any

Earliest Date You Will Be Able to Start Work: _____ **Salary Desired:** _____

Are You Able to Meet the Attendance Requirements? _____ Yes _____ No

Do You Have Any Objection to Working Overtime if Necessary? _____ Yes _____ No

Are You Willing to Travel if Required by This Position? _____ Yes _____ No

Have You Ever Been Previously Employed With This Organization? _____ Yes _____ No

If Yes, Please List the Date of Most Recent Employment and Most Recent Position: _____

Can You Submit Proof of Legal Employment Authorization and Identity? _____ Yes _____ No

Have You Been Convicted of a Crime in The Last 7 Years? _____ Yes _____ No

If Yes, Please Explain (Note: A Conviction May Not Automatically Disqualify you From Employment): _____

Driver's License Number: _____

Are You a Member of a Native American Tribe? _____ Yes _____ No

If Yes, Please Provide the Name of the Tribe and Your Tribal Enrollment Number: _____

How Did You Hear About This Job? _____

Please List the Name(s) of Any Relative(s) That Currently Work For the UKB and How They Are Related

Do You Speak Cherokee/Keetoowah? _____

Employment History

Please Provide All Employment Information For Your Past Four Employers, Starting With Your Most Recent.

Employer: _____ Position(s) Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: From _____ To _____ Salary: _____

Summary of Job Duties: _____

Reason For Leaving: _____

Employer: _____ Position(s) Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: From _____ To _____ Salary: _____

Summary of Job Duties: _____

Reason For Leaving: _____

Employer: _____ Position(s) Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: From _____ To _____ Salary: _____

Summary of Job Duties: _____

Reason For Leaving: _____

Employer: _____ Position(s) Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates Employed: From _____ To _____ Salary: _____

Summary of Job Duties: _____

Reason For Leaving: _____

Other Skill and Qualifications

Please Summarize Any Job-Related Training, Skills, Licenses, Certifications, and/or Other Qualifications:

Education History

Please List the School Name and Location, Years Completed, Area(s) of Study, and Degree(s) Obtained:

High School: _____
College: _____
College: _____
College: _____
Technical Training: _____
Other: _____

References

Please List 3 Work, School, or Personal References. Please Include First and Last Names, Telephone Numbers, Years Known, and Type of Reference. Note: Relatives May Not be Listed as References.

Reference: _____
Reference: _____
Reference: _____

I hereby authorize the UKB to contact, obtain, and verify the accuracy of the information provided on this application from all previous employers, educational institutions, and references. I also hereby release from liability the UKB and its representatives for seeking, gathering, and using such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I also understand that if employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in the immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____