



12081 N Highway 10, Tahlequah, OK 74464

Employment Application

Personal Information

Full Name: _____ Phone Number: _____

Email Address: _____

Current Address: _____

Employment Information

Position Applying For: _____ Desired Salary: _____

Available Start Date: _____

Are you legally authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No (If yes, explain below)

Are you a member of a Native American Tribe? Yes No (If yes, which tribe?)

Availability

Please indicate the days and times you are available to work:

Day	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment History (Most Recent First)

1. Employer: _____
Position: _____
Dates of Employment: _____
Reason for Leaving: _____

2. Employer: _____
Position: _____
Dates of Employment: _____
Reason for Leaving: _____

References (Professional or Personal, No Family Members)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Applicant Statement

I hereby authorize the UKB Federal Corporation Human Resources 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 Federal Corporation Human Resources 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.

Signature: _____ Date: _____