



# Ponca Nation Gas Station

**\*Must be able to obtain a state of Oklahoma employee beer license at a cost of \$35.00. If you have a violent felony on your record, the state will deny your employee license.**

## APPLICATION FOR EMPLOYMENT

Please complete in full. Please type or print in blue or black ink.

NAME: _____			_____
LAST	FIRST	MI	SS #

ADDRESS: \_\_\_\_\_

NUMBER AND STREET CITY STATE ZIP

TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS:
CELL: _____ HOME: _____	_____

POSITION(S) APPLYING FOR:	FULL TIME _____ PART TIME _____ TEMPORARY _____	DATE YOU CAN START:	SALARY DESIRED:
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ARE YOU A CITIZEN OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? (work permit) YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A MEMBER OF, OR ELIGIBLE FOR MEMBERSHIP IN A FEDERALLY RECOGNIZED INDIAN TRIBE? YES \_\_\_\_\_ NO \_\_\_\_\_

*(TRIBAL POLICY PROVIDES THAT NATIVE AMERICAN INDIANS BE GIVEN PREFERENCE IN INITIAL HIRE OF ALL POSITIONS)*

CAN YOU PROVIDE PROOF OF MEMBERSHIP/ELIGIBILITY? YES \_\_\_\_\_ NO \_\_\_\_\_  
 "CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) OR BUREAU OF INDIAN AFFAIRS (BIA) VERIFICATION OF INDIAN PREFERENCE FORM 4432." IF SO, YOU **MUST** PROVIDE A COPY WITH YOUR APPLICATION.

DO YOU HAVE A VALID DRIVERS LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, PLEASE PROVIDE:  
 LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ RESTRICTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF SO, PLEASE EXPLAIN RESTRICTIONS:

DO YOU CURRENTLY HOLD A POSITION WITH THE PONCA TRIBE? (Fancy Dance, Gaming, etc) YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF SO, PLEASE LIST DEPT AND POSITION:  
 HAVE YOU EVER BEEN EMPLOYED BY THE TRIBE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF SO, PLEASE LIST DATES:

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB WITHIN THE LAST 7 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_  
 (A CONVICTION OF VIOLENT FELONY ON YOUR RECORD WILL DENY YOUR EMPLOYEE LICENSE)

### EDUCATION

DO YOU POSSESS A HIGH SCHOOL DIPLOMA? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DO YOU POSSESS A GENERAL EDUCATION DIPLOMA(GED)? YES \_\_\_\_\_ NO \_\_\_\_\_  
 WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED?  
 \_\_\_ ELEMENTARY (1-8)    \_\_\_ H.S (9-12)    \_\_\_ ASSOC. (14)    \_\_\_ BACHELOR’S (16)    \_\_\_ MASTER’S (18)    \_\_\_ PH.D. (20)

INSTITUTION NAME AND LOCATION	DATES ATTENDED	COURSE OF STUDY	HOURS COMPLETED	DEGREE/CERTIFICATE RECEIVED	Rec'd Yes/No

### MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. MILITARY/NATIONAL GUARD? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YOU ARE A VETERAN DID YOU RECEIVE ANY TRAINING WHICH WOULD BE HELPFUL IN THE JOB FOR WHICH YOU ARE APPLYING?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DESCRIBE:

### EMPLOYMENT HISTORY

**Begin with your most recent employment and work backward. Include all jobs/positions held during the past ten years or periods of unemployment over 90 days. You may include jobs held more than ten years ago if relevant to position you are seeking. (Please fill out, do not state “see resume”).**

EMPLOYER		ADDRESS		PHONE	
FROM	TO	SUPERVISOR NAME/TITLE	YOUR JOB TITLE		MAY WE CONTACT EMPLOYER? ( )YES ( )NO
REASON FOR LEAVING				SALARY BEGINNING/ENDING \$ /\$	
DESCRIPTION OF DUTIES					
EMPLOYER		ADDRESS		PHONE	
FROM	TO	SUPERVISOR NAME/TITLE	YOUR JOB TITLE		MAY WE CONTACT EMPLOYER? ( )YES ( )NO
REASON FOR LEAVING				SALARY BEGINNING/ENDING \$ /\$	
DESCRIPTION OF DUTIES					
EMPLOYER		ADDRESS		PHONE	
FROM	TO	SUPERVISOR NAME/TITLE	YOUR JOB TITLE		MAY WE CONTACT EMPLOYER? ( )YES ( )NO
REASON FOR LEAVING				SALARY BEGINNING/ENDING \$ /\$	
DESCRIPTION OF DUTIES					

## REFERENCES

Provide three references capable of commenting on your ability to perform the work for which you have applied. Applicants should include references from their previous places of employment. Telephone numbers and addresses for reference contacts must be provided.

NAME OF REFERENCE	TITLE	COMPANY	TELEPHONE	PRESENT ADDRESS

## ACKNOWLEDGEMENT

The Ponca Tribe of Indians of Oklahoma adopts the provisions of the Indian Self Determination & Education Assistance Act PL 93-638 as amended. In selection for employment, preference will be given to enrolled members of federally recognized Nations, providing other qualifying factors prove the enrolled member equal in merit to other applicants.

I certify answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand false or misleading information given in my application or interview(s) may result in termination of employment regardless of length of employment, or cancellation of the job offer without notice. I understand I am required to abide by all rules, regulations, and laws of The Ponca Tribe of Indians of Oklahoma.

The applicant does hereby authorize The Ponca Tribe of Indians of Oklahoma to seek employment verification, information, or records from all former and current employers listed on this application. I hereby give my permission to The Ponca Tribe of Indians of Oklahoma to investigate all statements given in this application or during interview(s), and I release from liability any person, company, agency, or corporation collecting or supplying such information to The Ponca Tribe of Indians of Oklahoma and its employees.

I further understand offers of employment are contingent upon passing a criminal background check, and in some designated positions accreditation through the Bureau of Indian Affairs (BIA). I further understand I will be required to pass a post offer of employment drug screen and/or medical review.

I understand acceptance of an offer of employment does not create a contractual obligation upon The Ponca Tribe of Indians of Oklahoma to continue to employ me in the future. I acknowledge The Ponca Tribe of Indians of Oklahoma is an "at-will" employer.

I understand that acceptance of this application does not necessarily guarantee employment or constitute an employment contract between the Ponca Tribe of Indians of Oklahoma and myself.

I have read and understand the above statement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

FOR HUMAN RESOURCE USE ONLY:

Date Received in Human Resources: \_\_\_\_\_

Received by: \_\_\_\_\_

For Position: \_\_\_\_\_

Interview Scheduled: \_\_\_\_ Yes \_\_\_\_ No

Date of Interview: \_\_\_\_\_