IOWA TRIBE OF KANSAS & NEBRASKA



3345 B Thrasher Road White Cloud, Kansas 66094 Phone: (785) 595-3258 Fax: (785)595-3347

APPLICATION FOR EMPLOYMENT

* ALL INFORMATION ON THIS APPLICATION MUST BE FILLED IN COMPLETELY FOR CONSIDERATION OF EMPLOYMENT.

APPLI CANT I NFORMATI ON							
Last Name	First		M.I.	Date			
Street Address		Apartment/Unit #					
City		ZIP					
Phone			Do you have a v	valid driver's license? YES NO			
Date Available	Security No.		Position Applied for				
Desired Wage Are you willing to work : 🗌 Full Time 🗌 Part Time 🗌 Days 🗌 Nights 🗌 Weekends 🗌 Overtime 🗌 Holidays							
Are you a citizen of the United States? YES NO NO If no, are you authorized to work in the U.S.? YES NO NO							
Have you ever worked for this YES NO If so, when?							
Have you ever been convicted of a felony?	YES		/es, blain				
Are you an enrolled member of any U.S. Federally Recognized Indian Tribe? YES NO I If yes, which Tribe? Enrollment Number Are you a spouse of a Native American Tribal Member? YES NO Which Tribe?							
EDUCATI ON (PLEASE DO NOT U							
High School		Address					
From To	Did you		Degree				
	graduate?	Address					
College	Did you						
From To	graduate?	YES NC	Degree				
Other Address							
From To	Did you graduate?	YES NC	Degree				
REFERENCES							
List three persons not related to you, wh	om you have know	n for at least three ye	ars.				
Full Name	Relationship						
Company			Phone ()			
Address							
Full Name	Relationship						
Company	Phone ()					
Address							
Full Name	Relationship						
Company		Phone ()				
Address							

PREVIOUS EMPLOYMENT (COMPLETE THIS SECTION DO NOT USE "SEE RESUME")						
Company			Phone ()			
Address			Supervisor			
Job Title			Starting Salary	\$	Ending Salary \$	
Responsibilities						
From	То	Reason for Leaving				
		1				
Company			Phone ()			
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary \$		
Responsibilities						
From	То	Reason for Leaving				
Company			Phone ()			
Address			Supervisor			
Job Title Star			Starting Salary	\$	Ending Salary \$	
Responsibilities						
From	То	Reason for Leaving				

MI LI TARY SERVI CE					
Branch	From To				
Rank at Discharge	Type of Discharge				
If other than honorable, explain					

APPLI CANT

PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

The information I have provided in this application is true, correct, and complete. I understand that if employed, false statements or material omissions contained in my application papers which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the United States will be considered sufficient cause for dismissal. The Iowa Tribe of Kansas and Nebraska has my permission to investigate my previous employers, references, education and all other matters related to my suitability for employment and, further, I authorize my current and former employers to disclose to the company and all letters, reports, and any other information pertaining to my employment with them without giving me prior notice. I understand the Iowa Tribe of Kansas & Nebraska is a drug free work place. I also understand that if I am hired, I am required to abide by all rules, regulations, and policies of the Iowa Tribe of Kansas and Nebraska Employee Handbook.

Signature

Date

