

Osage Nation

621 Grandview
Pawhuska, OK 74056

APPLICATION FOR EMPLOYMENT

The Osage Nation is an equal opportunity employer and does not discriminate in recruiting, hiring or conditions of employment on the basis of race, color, religion, gender, national origin, age, veteran status or disability, or any other legally protected status. The information given on this form is for employment use only. Please answer each question fully and accurately.

If you have any questions regarding this application, please ask before signing.

Please print. Illegible copies will not be considered.

Date: _____

1. **Name:** _____
 LAST FIRST MIDDLE

2. **Address:** _____
 STREET ADDRESS

 CITY STATE ZIP CODE

3. **Other Names Used:** _____

4. **Home Phone:** () _____ 5. **Social Security No.:** _____

6. **Positions Applied For:** _____

Any other positions qualified for: _____

7. **Are you seeking:** (Check all that apply)

_____ Full Time _____ Days _____ Part Time _____ Evenings _____ Temporary

8. **How did you learn about the Osage Nation?**

_____ Newspaper _____ Friend/Relative _____ Community Event _____
_____ Nation Employee (Employee Name) _____ Other _____

9. **Are you 18 years of age or older?** ___ Yes ___ No **Are you currently employed?** ___ Yes ___ No

10. **Have you ever applied with the Osage Nation before?**

_____ Yes (If yes - date) _____ _____ No

11. **Have you ever been employed by the Osage Nation before?**

_____ Yes Date: _____ _____ No

12. **Do you have any relatives already employed by the Osage Nation?**

_____ Yes Name(s): _____ _____ No

13. Are you a citizen of the U.S. or have a legal right to work in the U.S.? _____ Yes _____ No
Proof of citizenship or immigration status will be required upon employment.

14. Have you ever plead guilty, plead nolo contendere or been found guilty of any crime (except traffic tickets)?

_____ Yes _____ No
If yes, please explain: _____

15. Relevant to your ability to perform the job for which you are applying, with what professional organizations or business activities are you involved? _____

16. What date would you be available for work? _____

17. Salary Desired? _____

18. Can you travel if a job requires it? _____ Yes _____ No

EMPLOYMENT EXPERIENCE

Please list all employment experience in this section, both full-time and part-time. Begin with your present or most recent employer and work back. If additional space is required, please continue on a separate sheet of paper. Please reflect all periods of time in which you were **not** employed.

May we contact your current employer for employment verification? _____ Yes _____ No

Employer: _____ **Phone:** () _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Position(s) Held: _____

Supervisor/Title: _____ **Starting Salary:** \$_____ per _____

_____ **Ending Salary:** \$_____ per _____

Dates Employed: **From:** _____ **To:** _____
Month Year Month Year

Reason for Leaving: _____

Describe your primary responsibilities: _____

EMPLOYMENT EXPERIENCE CONTINUED

Employer: _____ **Phone:** () _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Position(s) Held: _____

Supervisor/Title: _____ **Starting Salary:** \$ _____ per _____

_____ **Ending Salary:** \$ _____ per _____

Dates Employed: **From:** _____ **To:** _____
Month Year Month Year

Reason for Leaving: _____

Describe your primary responsibilities: _____

Employer: _____ **Phone:** () _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Position(s) Held: _____

Supervisor/Title: _____ **Starting Salary:** \$ _____ per _____

_____ **Ending Salary:** \$ _____ per _____

Dates Employed: **From:** _____ **To:** _____
Month Year Month Year

Reason for Leaving: _____

Describe your primary responsibilities: _____

EMPLOYMENT EXPERIENCE CONTINUED

Employer: _____ **Phone:** () _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Position(s) Held: _____

Supervisor/Title: _____ **Starting Salary:** \$_____ per _____
_____ **Ending Salary:** \$_____ per _____

Dates Employed: **From:** _____ **To:** _____
Month Year Month Year

Reason for Leaving: _____

Describe your primary responsibilities: _____

Employer: _____ **Phone:** () _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Position(s) Held: _____

Supervisor/Title: _____ **Starting Salary:** \$_____ per _____
_____ **Ending Salary:** \$_____ per _____

Dates Employed: **From:** _____ **To:** _____
Month Year Month Year

Reason for Leaving: _____

Describe your primary responsibilities: _____

EDUCATION

Type of School	Name and Location of School	Years Completed; Honor Received; Diploma/Degree	Course of Study
Jr. High/ High School			
Trade, Business or Technical			
College/ University			
Graduate/ Professional			
Other (Explain)			

Please describe any additional academic achievements or relevant extracurricular activities (You may exclude memberships which would reveal, sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

SPECIAL SKILLS AND QUALIFICATIONS

Please check the appropriate skills:

- _____ Typing: _____ wpm
- _____ Ten-key _____ sph _____ By Touch
- _____ Windows 3.1/95/98/NT _____ Website Publishing
- _____ Microsoft Word _____ Microsoft Excel
- _____ Microsoft Power Point _____ Desktop Publishing Programs
- _____ HTML/Internet _____ Microsoft Access

Computer Programming: _____

Any other Skills/Licenses or Certifications _____

REFERENCES

Please provide the name, address, and phone number of **three professional** references other than present or former employers:

Reference 1

Name: _____ **Phone:** () _____

Address: _____

Reference 2

Name: _____ **Phone:** () _____

Address: _____

Reference 3

Name: _____ **Phone:** () _____

Address: _____

APPLICANTS STATEMENT

I understand that, if employed, my employment can be terminated with or without cause, with or without notice, at any time either by the Nation or myself. I also understand that no officer, management official or Human Resources representative has authority to enter into any agreement for employment verbally or in writing contrary to the above. Further, I understand that nothing in the Nation's written policies is intended to be a contract that limits the Nation's right to terminate my employment without notice or cause, or to change the nature and location of my work assignments for any reason. I certify that all of my responses in the application are true and correct. I agree and authorize the Nation to verify any and all statements contained in the application. I authorize previous employers, personal/professional references, academic references, law enforcement agencies, consumer reporting agencies, or any other agencies, entities or individuals to whom the Nation may refer, to give any and all information regarding work experience, education, job performance, reasons for termination of past employers, criminal convictions, credit history, motor vehicle history, and any other pertinent information. I understand that misrepresentation, falsification or omission of any facts in this application or in my employment interviews will be sufficient cause for refusal of employment or dismissal from the Nation if I have been employed. I agree that, in the event I am granted a conditional offer of employment, I will submit to a prescribed drug test. Failure to pass this examination and testing is sufficient cause for refusal of employment or dismissal.

I have read, understand and agree to the above conditions.

Signature of Applicant

Date

NOTICE/AUTHORIZATION

In connection with my application for employment, promotion, reassignment or retention as an employee of the Osage Nation, the Nation may obtain a report containing information as to my character, work habits, credit, academic-credential verification, job performance, experience and reasons for termination. Further, I understand that the Osage Nation may be requesting information concerning my motor vehicle operations history, criminal and civil history from various private and public sources along with other public records available.

I hereby authorize and release from all liability, without reservation, the Osage Nation and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, company or person to obtain reports containing the above-mentioned information in connection with evaluating me for employment, promotion, reassignment or retention as an employee.

PRINT NAME _____

Applicant's Signature _____

Today's Date _____ / _____ / _____
(Month) (Day) (Year)

Social Security Number _____

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET

The Osage Nation is an Equal Opportunity Employer

You are invited to complete the following data for Equal Employment Opportunity statistical federal reporting purposes. You are not required to provide this information, and we will process your application even if you choose not to provide it. If you choose not to provide it, please indicate in the space provided at the bottom of the page. If you do provide this information, please be assured that it will not be used in processing your application or in this or any subsequent employment decision.

Name: _____

Position for which you are applying: _____

Check One: Male Female **Age:** _____

Race Information

The choices below are the only races designated in EEO federal regulations. Check the selection you consider most applicable to you. The EEOC's definitions are as follows:

_____ **American Indian or Alaska Native:** "All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Tribal affiliation _____

_____ **White** (not of Hispanic origin): "All persons not classified into one of the four specific minorities categories that follow; the category also includes all persons having origins in any of the original peoples of Europe, North Africa or the Middle East."

_____ **Black** (not of Hispanic origin): "All persons having origins in any of the black racial groups of Africa."

_____ **Hispanic:** "All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race."

_____ **Asian or Pacific Islanders:** "All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. For example, the area includes China, Japan, Korea, the Philippines and Samoa."

Veteran or Disabled Status

Please indicate if you are:

1. A "Vietnam Era" Veteran? _____ Yes _____ No
Defined as one who was on active duty with the U.S. Armed Forces for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; or who was released with a service-connected disability due to service in the above period.
2. A special Disabled Veteran _____ Yes _____ No
Defined as one who is entitled to compensation under laws administered by the Department of Veteran Affairs for disability, or whose discharge or release from active duty was for a service-connected disability.
3. Disabled? _____ Yes _____ No
Defined as one who has a physical or mental impairment that substantially limits one or more major life activities.

I prefer **not** to supply this information: _____

Signature

Date