

POSITION APPLYING FOR: _____



Application for Employment

Cherokee Nation Election Commission
 22116 S Bald Hill Rd
 P.O. Box 1188
 Tahlequah, OK 74465-1188
 Phone 918-458-5889 Fax 918-458-6101
 e-mail election-commission@cherokee.org

Attach: Resume

1. Full Name				
Last Name	First Name	Middle Name	Jr., II, Etc.	Maiden/Former Name
2. Street Address		Apt/Unit #	City	State
				Zip Code
3 a. Please list your Primary Phone Number.		3.b Please list an Alternative Number in which you may be reached during working hours		
4. Do you have a valid Driver's License?		Driver's License Number	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Type of License (Please include current MVR with Application)			6. Does License have Restrictions?	
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have a High School Diploma or Equivalent? If yes, proof may be required upon hire			8. What is the highest education level you have completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Cherokee Language Proficiency (Select One)				
<input type="checkbox"/> Speak, Read and Write <input type="checkbox"/> Speak and Understand <input type="checkbox"/> Limited Understanding Only <input type="checkbox"/> None				
10. If you have attended a college, university, vocational-technical or trades school, complete the following. An official transcript or a copy with seal, which shows academic or vocational training beyond the high school level, may be required upon hire.				
School Type	Name of School	Area of Study	Degree/Diploma/Other	
City	State	Did you graduate?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
School Type	Name of School	Area of Study	Degree/Diploma/Other	
City	State	Did you graduate?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Special Qualifications and Skills: List qualifications and skills you possess which are required for the job such as ability to operate specialized office machinery or equipment. Indicate any training or honors you have had which are directly related to the job you are applying.. List any managerial skills or experiences; any business courses or experiences.				

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12. Experience: Please list your work record starting with your most recent job. Include military service, and do not reference a resume. You may include and receive credit for volunteer or other unpaid work experience that is related to the job for which you are applying. For any periods of unemployment or gaps in employment, list dates and "unemployed" or "attending school!"

Month/Year	Month/Year	Employer Name	Position Title
From	To		
City		State	Supervisor's Name Telephone Number

Employment Status

Full Time
 Part Time
 Seasonal
 Intern
 Volunteer

Reason You Left

Describe Major Duties

Month/Year	Month/Year	Employer Name	Position Title
From	To		
City		State	Supervisor's Name Telephone Number

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Full Time
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Reason You Left

Describe Major Duties

13. Are you a member of or eligible for membership in a federally recognized Indian Tribe? (Tribal policy provides that Indians be given preference in initial hire for all positions.)

Yes No

14. Please furnish a "Certificate of Degree of Indian Blood" (CDIB) card, BIA Indian Preference Form 5-4432, or membership card from a federally recognized Indian Tribe? Verification of Indian heritage must be included with application.

Yes No

15. Are you legally authorized to work in the U.S.? Verification of identity and Employment Eligibility must be submitted at time of hire.

Yes No

16. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?

Yes No

17. Have you been convicted of a felony in a civilian, military or Tribal court whether expunged, annulled or sealed? Your case will be considered in relationship to the requirements of the particular job.

Yes No

If yes, provide details include date, court, and crime:

Date	Court	Crime

18. Have you ever served in the Armed Forces?

Yes No

If yes, give dates, branch, and type of discharge received from military service:

Date of Service From	Date of Service To	Branch	Type of Discharge

19. Are you now working for, or have you ever previously worked for, the Cherokee Nation or its entities?

Yes No

If yes, when and where?

Employed From	Employed To	Entity Name

20. Do you or your spouse have any relatives presently working for, or holding office in the Cherokee Nation or one of its entities? (Tribal policy prohibits or limits the hiring of tribal employees or officials in certain circumstances.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, give name(s) of relative(s) and Relation.

Name of Relative	Relation

21. If employed and under 18, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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22. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? If yes, include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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23. Have you been convicted by a military court martial in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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24. Are you now under charges for any violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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25. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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26. Have you been investigated by a federal, state or tribal agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details, include dates and agency		
Agency Name	Date	Details

27. In the last 5 years have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or <u>illegally</u> used prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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28. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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29. Other Names Used: Maiden Name, from a former marriage, alias(s), or nickname(s).

30. Residence: List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.

Date From	Date To	Street Address	City	State	Zip Code
1)					
2)					
3)					

31. Personal References: List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere on this application.

1) Name	Dates Known		Telephone Number		
	Date From	Date To	Day		
			Night		
Home or Work Address	City		State	Zip Code	
2) Name	Dates Known		Telephone Number		
	Date From	Date To	Day		
			Night		
Home or Work Address	City		State	Zip Code	
3) Name	Dates Known		Telephone Number		
	Date From	Date To	Day		
			Night		
Home or Work Address	City		State	Zip Code	

Acknowledgement

I hereby declare the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given; I therefore authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. This could include safety, law enforcement records and reference checks.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the organization applying to. I understand that acceptance of this application does not constitute an employment contract.

Cherokee Nation and its entities maintain a drug free workplace. All applicants and employees are subject to drug and alcohol testing (test), which may include pre-employment, for cause, post-accident and random testing. Your signature on this application signifies that you give your consent to be tested and your consent to the release of the test results to the Cherokee Nation or its entities for drugs or alcohol according to applicable policy. A positive test result or failure to submit to a test may lead to immediate employment termination.

The applicant further acknowledges and agrees that if he/she has previously been employed by the Cherokee Nation and/or its entities, the Cherokee Nation and/or its entities may release any and all personnel records of the applicant to the Cherokee Nation and/or its entities to which the Applicant submits an application. By submitting this application, the Applicant for herself/himself, her/his spouse, legal representatives, heirs, and assigns, hereby releases, waives, holds harmless, and discharges the Cherokee Nation and its entities, their officers and agents, and each of them, from all liability to the Applicant, her/his spouse, legal representative, heirs and assigns, for any and all loss or damage, and any claim or damages resulting from the release of any and all of the Applicant's personnel records to the Cherokee Nation and/or its entities.

I have read the above and understand it.

Applicant's Signature

Date