## **Please Read Before Submitting Application**

There are four ways to submit an employment application to the Sac and Fox Nation Human Resources Department

1. The form can be mailed to:

Human Resources 920963 S. Hwy 99 Stroud, OK 74079

- 2. The form can be dropped off at the Administration Building in Stroud, OK or at the Shawnee Multi-Purpose Center in Shawnee, OK.
- 3. The form can be faxed to 918-968-3240.
- 4. The form can be completed using Adobe Acrobat. Once the form has been completely filled out, the form must be saved locally to your computer and then added as an attachment to an email. The email address to send the completed form is amber.riley@sacandfoxnation-nsn.gov



Date received by SFN	
Vacancy Announcement #	

# **Sac and Fox Nation Application for Employment**

Date			Location Desired		
Position De	esired_			Salary Desired	
Available to	o work	☐ Full-Time	☐ Part-Time	Date Available	
ersonal Da	ıta				
					es employed under this name(s):
,			, , , , , , , , , , , , , , , , , , ,	. ,	, ,
Address _					
	ımber a	and Street			
	ity			State	
Ci	ty			State	Σίμ
*Telephor	ne <u>(</u>	)		<del></del>	
*Email Ad	dress				
Are you:					
Yes	No	Legally eligible for emplo			
Yes	No		derally recognized Native	e American Tribe? If yes, list tribe: _	
Yes	No	A previous applicant?	vos vyhot position did vy	u hald?	
Yes Yes	No No				
Yes	No	High school graduate or 6	equivalency? Last high so	:hool attended	
Yes	No				ezzlement, fraud, or moral turpitude? (Do
		not include juvenile conv	ictions) Conviction will r	ot automatically exclude you from	employment consideration, but the nature
				p to the job for which you applied.	
*If yes, list o	ffense,	date, and describe in det	ail		

### Post High School Education (amount of education considered necessary will vary according to the job applied for)

Institution Name	Location	From	То	Degree	Major

lork Evnerie	nce (Start with mos	t recent position and	list each amployer for the na	st five (E) years. He	o supplemental page if pecessary)	
Vork Experience (Start with most recent position and list each employer for the Present/Last Employer				Type of Business		
Address				Telephone Number		
Start Date	Leave Date	Last Salary	Reason for Leaving			
Job Title		Supervisor and Ti	tle		May we contact?	
Description of	Duties					
Present/Last Er	mployer			Type of Business		
Address				Telephone Number		
Start Date	Leave Date	Last Salary	Reason for Leaving			
Job Title		Supervisor and Ti	_		May we contact?	
Description of	Duties				.,	
Dresent/Last Fi	mnlover			Type of Business		
Present/Last Employer  Address						
Start Date	Leave Date	Last Calany	Reason for Leaving	Telephone Number		
	Leave Date	Last Salary			100	
Job Title		Supervisor and Ti	tie		May we contact?	
Description of	Duties					
dditional Ski	lls or Experience	<u> </u>				
	•		enses or certificates you have r	eceived:		
·	, , , ,	G	·			
List your compu	uter and software kn	owledge:				
U.S. Military:	Branch of Sarviv	~a•	Rank of Discharge:	Dat	as of Sarvica:	
		ving statements caref		Dat	es of service.	
areemeni (b)				any) is true and com	plete to the best of my knowledge. I als	
-		or significant omissions	may disqualify me from further o	consideration for emp	ployment and, if employed, may result	
I hereby affirm t understand that		ed at a later date.				
I hereby affirm t understand that termination of er	mployment if discovere		or an indefinite term and may be t	terminated with or w	ithout cause at any time at the discretion	
I hereby affirm t understand that termination of er I understand tha of either the com	mployment if discovere t any employment with	n Sac and Fox Nation is for rstand that the hours of	·-		ithout cause, at any time at the discretic derstand that upon being hired, I will hav	
I hereby affirm t understand that termination of er I understand that of either the com to prove authorize	mployment if discovere t any employment with npany or myself. I unde zation to work in the U	n Sac and Fox Nation is for rstand that the hours of nited States.	work will be set and may be chang	ed by the Nation. I un	derstand that upon being hired, I will hav	
I hereby affirm t understand that termination of er I understand that of either the com to prove authorize I authorize Sac a schools, my curre	mployment if discoverent any employment with a pany or myself. I unde zation to work in the U and Fox Nation to makent employer (if applic	n Sac and Fox Nation is for rstand that the hours of nited States. se all necessary and app able), and previous emp	work will be set and may be chang ropriate investigation to verify th	ed by the Nation. I un		
I hereby affirm t understand that termination of er I understand that of either the com to prove authoriz I authorize Sac a schools, my curre any job-related in I understand that	mployment if discovered to any employment with a pany or myself. I under the User to make the User to make the mployer (if application that may but Sac and Fox Nation restanced to the sac and Fox Nation restanc	n Sac and Fox Nation is for rstand that the hours of nited States. se all necessary and app able), and previous emp e required by SFN to arri	work will be set and may be chang ropriate investigation to verify th loyers and organizations named in ve at an employment decision. re its applicants to submit to drug	ed by the Nation. I un le information contain n this application (and	derstand that upon being hired, I will have the description of the des	

Signed

Date \_\_\_\_\_



#### **SAC AND FOX NATION**

920883 S HWY 99 Bldg A – Stroud, Oklahoma 74079- Telephone (918) 968-3526 – Fax (918) 968-3240

### REQUEST FOR BACKGROUND CHECK

Name:			DOB:
(LAST)	(FIRST)	(MIDDLE)	
Race:	s	ex:	SSN:
Place of Birth:			
	(CITY)	(STATE)	(COUNTY)
Current Address:			
	(CITY)	(STATE)	(COUNTY)
Drivers' License #: _		Sta	ate Issuing License:
Alias/Other Names	Used:		
Have vou ever been	convicted of a Felony	? Yes:	No:
·	•		<del></del>
ir yes, piease expiai	n:		
>>>>	>>><<<	<>>>>	:<<>>>>>
	BACK	GROUND AUTHORIZA	<u>TION</u>
I authorize the complete relea	ase of these records pert	aining to me in which an i	individual, company, firm, corporation or public
			yer, school, police department, financial institution on or its designated agents with any and all
information in their possessio	<del>-</del>	iisii the sac and rox watic	on or its designated agents with any and an
	· · · · · · · · · · · · · · · · · · ·		ion(s) to verify the information contained herein and natever kind, which may at any time result to me, m
heirs, family or associates bec			
			PRINTED NAME
			SIGNATURE

DATE