



Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

EMPLOYMENT APPLICATION

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.

| | |
|-----------------------|--|
| DATE: _____ | POSITION APPLYING FOR: _____ |
| | SALARY DESIRED: _____ |
| DATE AVAILABLE: _____ | AVAILABLE FOR WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |

PERSONAL DATA

| | | | | |
|-------------------------------------|------|-------------------------|-----|--|
| FULL NAME (LAST, FIRST, M.I): _____ | | | | |
| MAIDEN NAME: _____ | | SOCIAL SECURITY # _____ | | |
| ADDRESS: _____ | | | | |
| NUMBER & STREET | CITY | STATE | ZIP | |
| HOME TELEPHONE: _____ | | WORK TELEPHONE: _____ | | |
| EMAIL ADDRESS: _____ | | | | |

- Yes No Legally eligible for employment in the United States?
- Yes No Enrolled member of a Federally recognized Native American Tribe?
If yes, list tribe: _____
- Yes No Are you related to any Housing Authority Board Member? If so please list. _____
- Yes No Are you related to any current Housing Authority Employee? If so please list _____
- Yes No Are you related to any Elected Tribal Official? If so please list. _____
- Yes No High School graduate or equivalency? Last High School attended: _____
- Yes No Are you a previous applicant?
- Yes No A previous employee? If yes what position? _____
- Yes No A licensed driver? If yes, issuing state & number: _____
- Yes* No As an adult, have you ever been convicted of a crime? (Do not report juvenile convictions, convictions under youth offender laws, or convictions where the court has sealed the record). Conviction will not automatically exclude you from employment consideration but, the nature of the conviction will be considered in relationship to the job for which you applied.

*If yes, list the offence, date and describe in detail: _____

POST HIGH SCHOOL EDUCATION (Education consideration will vary according to position(s))

| Institution Name | Location | From | To | Degree | Major |
|------------------|----------|------|----|--------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

WORK EXPERIENCE (Start with the most recent employer within the past 5 years)

| | | | | | |
|---------------------------------------|-------------|--------------------|---------------------|---|--|
| Present/Last Employer: | | | | Type of Business: | |
| Address: | | | | Telephone No.: | |
| Start Date: | Leave Date: | Last Salary: | Reason for leaving: | | |
| Job Title: | | Supervisor & Title | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: _____ _____ | | | | | |

| | | | | | |
|---------------------------------------|-------------|--------------------|---------------------|---|--|
| Present/Last Employer: | | | | Type of Business: | |
| Address: | | | | Telephone No.: | |
| Start Date: | Leave Date: | Last Salary: | Reason for leaving: | | |
| Job Title: | | Supervisor & Title | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: _____ _____ | | | | | |

| | | | | | |
|---------------------------------------|-------------|--------------------|---------------------|---|--|
| Present/Last Employer: | | | | Type of Business: | |
| Address: | | | | Telephone No.: | |
| Start Date: | Leave Date: | Last Salary: | Reason for leaving: | | |
| Job Title: | | Supervisor & Title | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Duties: _____ _____ | | | | | |

ADDITIONAL SKILLS OR EXPERIENCE

| |
|--|
| List special skills you possess and specialized training, licenses or certifications you have received: _____ _____ |
| List computer equipment, software used, and business machines you can operate: _____ _____ |
| U.S. Military: Branch of Service: _____ Rank at Discharge: _____ Dates of Service: _____ |

AGREEMENT (Please read the following statements carefully)

I hereby affirm the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration of employment and, if employed, may result in termination of employment if discovered at a later date.

I understand the hours of work will be set and may be changed by the Housing Authority of the Sac and Fox Nation. I understand upon being hired, I will have to prove legal authorization to work in the United States.

I authorize the Housing Authority of the Sac and Fox Nation to make all necessary and appropriate investigations to verify the information contained herein and, I authorize persons, schools, current employer (if applicable), previous employers, and organizations named in this application (and accompanying resume, if any) to provide any job-related information that may be required by the Housing Authority of the Sac and Fox Nation to arrive at an employment decision.

I understand the Housing Authority of the Sac and Fox Nation reserves the right to require its applicants to submit to a drug test. I understand that a positive drug test or refusal to submit a drug test will preclude my application from further consideration.

NATIVE AMERICAN PREFERENCE: Native American preference will be utilized in the selection of qualified candidates. Eligibility will be determined in accordance with the Housing Authority of the Sac and Fox Nation Personnel Policies and Procedures.

EQUAL EMPLOYMENT: Except for Native American Preference, consideration will be made without regard to race, color, religion, sex, sexual orientation, national origin, disabilities, marital status or age.

Signature: _____

Print Name: _____

Date: _____



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BACKGROUND CHECK AUTHORIZATION

I authorize the complete release of these records pertaining to me which an individual company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Housing Authority of the Sac and Fox Nation with any and all information in their possession regarding me, in connection with application for employment.

I authorize the Housing Authority of the Sac and Fox Nation to make all necessary and appropriate investigations to verify the information contained herein and to hold the Housing Authority of the Sac and Fox Nation harmless from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature Printed Name Date

Name: _____ DOB: _____
Last First Middle

Race: _____ Sex: _____ SSN: _____

Place of Birth: _____
City State County

Current Address: _____
City State County

Driver's License #: _____ State Issuing License: _____

Alias/Other Names Used: _____

Have you ever been convicted of a crime? Yes No

If yes, Please explain: _____

