

# Choctaw Nation of Oklahoma

Post Office Drawer 1210  
Durant, Oklahoma 74702-1210  
(580) 924-8280 or (800) 522-6170  
Fax (580) 924-4136  
www.choctawnation.com

## Application for Employment

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

County: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone number in which you may be reached during working hours: ( \_\_\_\_\_ ) \_\_\_\_\_

Are you 18 years and older?  Yes  No

Do you have a valid driver's license?  Yes  No Type of license:  Operator  Commercial

Check all types of work you would accept:  Full-Time  Part-Time  Temporary

Check when you would prefer to work:  Day Work  Night Work  Weekend Work

Department Desired: \_\_\_\_\_

Position Desired: \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Do you have a CDIB?  Yes  No If yes, please attach a copy of your CDIB.

Have you ever worked for the Choctaw Nation?  Yes  No

If yes, give dates and department(s) \_\_\_\_\_

Criminal Record?  Yes  No If so, misdemeanor or felony? \_\_\_\_\_

### Education History

School	Name & Location of School	Years Attended	Year Graduated	Subjects Studied
High School				
College				
Trade or Business School				

Special Skills or Experience: \_\_\_\_\_

**Employment History**

Employer/ Address/ Phone	Starting Date	Ending Date	Final Wage	Job title/ Description	Reason for Leaving

**Personal References (Not Relatives)**

Name	Home Address / Phone	Business Address / Phone	Years Acquainted

**ACKNOWLEDGMENT - PLEASE READ CAREFULLY**

*The Choctaw Nation of Oklahoma considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Tribal policies and procedures state that Native Americans will be given preference at initial hire.*

*Applicants will be subject to a pre-employment drug screening as required by Choctaw Nation of Oklahoma policy. Employment is contingent upon satisfactory drug testing results. Drug and alcohol screening will also be randomly administered during employment.*

*I hereby declare that the above information is complete and accurate to the best of my knowledge. 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. I understand acceptance of this application may not constitute employment.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand also, that I am required to abide by all policies and procedures of the Choctaw Nation of Oklahoma.*

*This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period will be required to complete a new application for employment.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_