



THLOPTHLOCCO TRIBAL TOWN
Federal Charter 1938 — Creek Tribe
P.O. Box 188 • Okemah, Oklahoma 74859-0188
(918) 560-6198/(866) 988-8696 • Fax (918) 623-3023

NOTICE TO APPLICANT. Any offer of employment that may be made to you is contingent upon your submission of satisfactory proof of your identity and legal authorization to work at Thlopthlocco Tribal Town. If you fail to submit proof, this will be just cause for prohibiting your employment. Applicants will be subject to pre-employment drug screening as required by Thlopthlocco Tribal Town policy. All applicants will be subject to background and reference checks. Failure to reveal felony convictions may lead to non-hiring or termination for dishonesty. Thlopthlocco Tribal Town hiring officials have the discretion to consider the felony(s) to determine the appropriateness of a candidate for a vacant position. Thlopthlocco Tribal Town is an equal opportunity employer with Native American preference.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Degree of Indian Blood: _____ Tribe: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a member of this tribal town? Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	_____	

Do you have any relatives employed at TTT? Please list name(s) and relationship.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

1. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

2. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

3. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

1. Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

2. Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

3. Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other Languages

SPEAK FLUENTLY YES ☐ NO ☐ READ YES ☐ NO ☐ WRITE YES ☐ NO ☐

Driver's Privacy Protection Act Requirement

As required by the Federal Driver Privacy Protection Act (DPPA), 18 U. S. C. section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; or, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or, unless the DPPA authorizes the Department to release it, such as to government entities, courts, insurance companies, and to others specified. All job descriptions require a valid drivers license except when waived by the hiring official based upon the lack of a need for a specific employee to perform driving services as a part of their Thlopthlocco Tribal Town job duties; and a prohibition by the hiring official of said employee to ever drive a Thlopthlocco Tribal Town vehicle or personal vehicle on Thlopthlocco Tribal Town business. Such a prohibition will be removed when a valid driver's license is obtained.

Photo Identification is Required to Obtain Record

Print Driver Name as shown on the driver license: _____

Driver License Number: _____

Date of Birth: _____

Type of Driver License: _____ Operator

_____ Commercial/Chauffeur

List any restrictions (explain): _____

Consent to Release Record(s)

By signing below, I voluntarily give consent to the Oklahoma Department of public Safety or any other Motor License Agent to release the above record(s), including personal information within my driver license record. I request the above record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, or legal entity.

Release Record and/or Information to: **Thlopthlocco Tribal Town**

Driver's Signature of Consent

Date Signed

Acknowledgement

I understand that I will be notified only if I am selected for an interview or additional information is required of me.

If employed, I understand that I may be subject to dismissal at any time during my employment. I further understand that I am to abide by all the laws, policies and procedures, and regulations of Thlopthlocco Tribal Town.

I authorize necessary background inquiries for the purpose of employment. I understand that refusal of the authorization for these inquiries shall negate consideration fro employment with Thlopthlocco Tribal Town.

Disclaimer and Signature

By signing the application for employment, I certify that I have read and understand all parts of it, and that my answers are true and complete to the best of my knowledge.

I understand that falsification of any of the information given on this form is just cause for refusal to hire and if this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

Thlopthlocco Tribal Town Use Only

Comments: _____