



MESKWAKI SETTLEMENT SCHOOL

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION:

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE _____ EMAIL ADDRESS _____

ARE YOU CLAIMING INDIAN PREFERENCE? **YES** **NO**

Please provide a copy of your Tribal Identification Card or Certificate of Indian Blood, if claiming.

Tribal Member Enrollment Number: _____ Tribal Descendant: _____

Other Tribe: _____

POSITION APPLYING FOR: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?
YES **NO**

IF NO, PLEASE DESCRIBE: _____

EDUCATIONAL BACKGROUND:

SELECT ONE: HIGH-SCHOOL DIPLOMA G.E.D. NO HIGH-SCHOOL DIPLOMA

LIST ANY EDUCATION **BEYOND HIGH SCHOOL** BELOW:

NAME & LOCATION OF SCHOOL	DATES ATTENDED (month/year)	# OF HRS. SEM./QTR.	MAJOR AREA OF STUDY	DEGREE OBTAINED?
	-			
	-			
	-			

WORK EXPERIENCE:

LIST YOUR WORK EXPERIENCE IN CHRONOLOGICAL ORDER BEGINNING WITH YOUR PREVIOUS POSITION FIRST. **A RESUME DOES NOT SUBSTITUTE, THIS PORTION MUST BE COMPLETED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE. ATTACH ADDITIONAL PAGES AS NEEDED.**

EMPLOYER:		START / END DATE:	
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	

BRIEF DESCRIPTION OF DUTIES:	
REASON FOR LEAVING:	

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

(IF YOU NEED ADDITIONAL SPACE FOR WORK EXPERIENCE, PLEASE GO TO PAGE 4)

MAY WE CONTACT YOUR PRIOR EMPLOYERS? YES NO

LICENSURES OR SPECIAL SKILLS:

LIST ANY LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK, READ, OR WRITE FLUENTLY:

LIST ANY SPECIALIZED TRAINING OR EXPERIENCE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO CLASS: _____

IF YOU POSSESS A LICENSE OR A CERTIFICATE IN A TRADE OR PROFESSION FROM AN ACCREDITED AGENCY, COMPLETE THE FOLLOWING:

NAME OF TRADE OR PROFESSION: _____ LIC. NUMBER: _____

ISSUED BY: _____ SPECIALTY: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

HAS YOUR LICENSE OR CERTIFICATION EVER BEEN SUSPENDED, REVOKED, OR HAVE YOU HAD ANY DISCIPLINARY ACTION TAKEN BY THE LICENSING AUTHORITY? YES NO

REFERENCES:

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES:

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

NOTE: A REFERENCE CHECK WILL BE DONE AND YOUR REFERENCES WILL BE CONTACTED.

SPECIAL NOTICES:

The Sac & Fox Tribe requires background checks for certain positions In accordance with the Indian Child Protection and Family Violence and Prevention Act. If you are applying for one of the covered positions, you will be given further instructions. Please be advised that failure to comply with those instructions will result in your application being removed from further consideration for employment with the Tribe in any position that is covered the Act.

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The Sac & Fox Tribe provides a drug-free workplace and requires pre-employment drug testing. You will be given further instructions regarding the arrangements for testing. Failure to submit for testing or a positive test result will result in your application being removed from further consideration for employment with the Tribe.

READ BEFORE SIGNING: I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should an investigation at any time prove otherwise, I may be dismissed from employment or disqualified from further consideration for any employment with the Sac & Fox Tribe. In signing this application, I am also consenting to any reasonable inquiry that may be necessary to verify the information that I have provided on this form or may provide in conjunction with this application.

SIGNATURE: _____ **DATE:** _____