



Delaware Tribe of Indians
 170 NE Barbara
 Bartlesville, OK 74006
www.delawaretribe.org

APPLICATION
 FOR EMPLOYMENT

PERSONAL

Position(s) applied for: _____ Date _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Other Telephone _____

Have you been employed previously by the Delaware Tribe of Indians Yes _____ No _____

Do you have the legal right to work permanently in the United States Yes _____ No _____

Have you ever been convicted of a felony? If yes, explain. Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Can you travel if the job requires it? Yes _____ No _____

Do any of your relatives or residents of your home work for the Delaware Tribe or serve on the Tribal Council or Trust Board? If yes, state name, relationship and location. Yes _____ No _____

EDUCATION

School	Name and Location	Course of Study	# Years Completed	Diploma/Degree
High School				
College				
Grad/Professional				
Other (specify)				
Other (specify)				

Please provide official transcripts or certificates of education or training.

WORK RELATED REFERENCES

Do not include family members.

Name	Phone Number	Best time to call	Occupation

WORK EXPERIENCE

Employer	_____	Dates Employed		Work Performed
Address	_____	From	To	
Telephone	_____	Hourly Rate/Salary		
Job Title	_____	Start	Final	
Supervisor	_____			
Reason for Leaving	_____			May we contact? Yes ___ No ___

Employer	_____	Dates Employed		Work Performed
Address	_____	From	To	
Telephone	_____	Hourly Rate/Salary		
Job Title	_____	Start	Final	
Supervisor	_____			
Reason for Leaving	_____			May we contact? Yes ___ No ___

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Address	_____	From	To	
Telephone	_____	Hourly Rate/Salary		
Job Title	_____	Start	Final	
Supervisor	_____			
Reason for Leaving	_____			May we contact? Yes ___ No ___

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize Delaware Tribe to obtain a criminal background check have and any other necessary consumer report. I further authorize former employers, education institutions and persons to release information they may have about me to Delaware Tribe. I release all parties involved from any liability and responsibility for having furnished such information in good faith.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date