



Delaware Tribe of Indians
 5100 Tuxedo Blvd.
 Bartlesville, OK 74006
 Phone: 918-337-6590 • Fax: 918-337-6591

Employment Application

APPLICANT INFORMATION																	
Last Name						First				M.I.		DOB					
Street Address									Apartment/Unit #								
City						State				ZIP							
Phone						E-mail Address											
Date Available						Social Security No.						Desired Salary					
Position Applied for																	
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"/>			
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									
Are you of Native descent?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, Tribe/Enrollment #									
Do any of your relatives or residents of your Home work for the Delaware Tribe or serve on The Tribal Council or Trust Broad?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please list									
EDUCATION																	
High School						Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
College						Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
Other						Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree							
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name						Relationship											
Company						Phone											
Address																	
Full Name						Relationship											
Company						Phone											

Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

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