



Delaware Enterprise Authority
170 NE Barbara
Bartlesville, OK 74006

Application for Employment

Position Applied for: _____ Date of Application: _____

Personal Information

Name: _____
Last & Maiden First Middle

Address: _____
Street (Apt) City, State Zip

Home Telephone: (____) _____ Cell: (____) _____

Email Address: _____

Date of Birth: _____ Social Security: _____

Are you a U.S. Citizen? _____ If no, are you authorized to work in the U.S.? _____

Are you claiming Native American Preference? _____ Are you an enrolled member? _____

If yes, what tribe/nation, and enrollment number? _____

Do you have valid driver's license? _____ Do you have a reliable form of transportation? _____

Can you travel if the job requires it? _____

Have you been employed previously by the Delaware Tribe, Delaware Child Care, or Delaware Enterprise Authority? _____

Do any of your relatives or residents of your home work for the Delaware Tribe or serve on any of the following: Tribal Council, Trust Board, DEA Board. If yes, state name, relationship, and location.

Have you ever been convicted of a felony? If yes, explain. _____

EDUCATION	NAME/ADDRESS OF SCHOOL	DID YOU GRADUATE?	DIPLOMA/DEGREE
High School			
College			
College			
Other (Specify)			
Other (Specify)			

EMPLOYMENT HISTORY (PLEASE LIST LAST THREE JOBS WITH MOST RECENT FIRST)	
Employer:	Dates Employed: Begin _____ & End _____
Address:	City, State, Zip:
Supervisors Name & Title:	Phone:
Position:	Pay Rate:
Reason for Leaving:	May we contact them:
Duties performed:	
Employer:	Dates Employed: Begin _____ & End _____
Address:	City, State, Zip:
Supervisors Name & Title:	Phone:
Position:	Pay Rate:
Reason for Leaving:	May we contact them:
Duties performed:	
Employer:	Dates Employed: Begin _____ & End _____
Address:	City, State, Zip:
Supervisors Name & Title:	Phone:
Position:	Pay Rate:
Reason for Leaving:	May we contact them:
Duties performed:	

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)	
Full Name:	Relationship:
Company Name:	Phone:
Full Name:	Relationship:
Company Name:	Phone:
Full Name:	Relationship:
Company Name:	Phone:

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize Delaware Enterprise Authority (DEA) to obtain a criminal background check and any other necessary consumer report. I further authorize former employers, educational institutions and persons to release information they may have about me to DEA. 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