



Delaware Tribe of Indians

170 NE Barbara

Bartlesville, OK 74006

Phone: 918-337-6590 • Fax: 918-337-6591

Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
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