



# ABSENTEE SHAWNEE HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT

"Among The Shawnee"

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present address: \_\_\_\_\_  
Number and Street City State Zip Code

How Long: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a member of the Absentee Shawnee Tribe? ( ) Yes ( ) No

Are you a member of another Federally Recognize Tribe? ( ) Yes ( ) No List Tribe: \_\_\_\_\_  
(Provide proof of enrollment)

Are you related to any Executive Members of the Absentee Shawnee Tribe or the Absentee Shawnee Housing Board of Commissioners? ( ) Yes ( ) No List relationship: \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in the United States? ( ) Yes ( ) No

Do you speak a language other than English? ( ) Yes ( ) No If yes, what language do you speak: \_\_\_\_\_

\*Have you been convicted of a misdemeanor within the last 7 years? ( ) Yes ( ) No If Yes, please explain: \_\_\_\_\_

\*Have you been convicted of a felony or subjected to a deferred adjudication on a felony charge? ( ) Yes ( ) No  
If Yes, please explain: \_\_\_\_\_

\*Have you been issued any moving/traffic violations within the last 3 years? ( ) Yes ( ) No If Yes, please explain: \_\_\_\_\_

\*Answering yes to these questions does not constitute an automatic rejection to employment, but a false statement will.

## Position Information:

If under 18, please list age: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Employment desired: ( ) Full-time ( ) Part-time Are you willing to work other than 8 am – 4:30 pm? ( ) Yes ( ) No

Are you employed now? ( ) Yes ( ) No May we contact your present employer? ( ) Yes ( ) No

Have you ever been employed by the Absentee Shawnee Housing Authority? ( ) Yes ( ) No

If yes list dates: \_\_\_\_\_

Date you are available to start work? \_\_\_\_\_

What days are you unable to work? \_\_\_\_\_

Are willing to Travel? ( ) Yes ( ) No

Do you have any physical limitations that prevent you from fully performing any work for which you are being considered? ( ) Yes ( ) No If yes, please describe what can be done to accommodate your limitation?

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Current Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(State) (Number)

Do you have a commercial driver's license (CDL)? ( ) Yes ( ) No Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had any motor vehicle accidents during the past 3 years? ( ) Yes ( ) No

If Yes, explain: \_\_\_\_\_

**Education:**

What is the highest grade you have completed? \_\_\_\_\_

Did you Graduate from: (please circle) High School GED

Type of School	Name of School	City/ State	Numbers of Years Complete/Graduate	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

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Note: applicants may be required to provide proof of diploma, transcript, licenses, certificates and registrations.

**Office Skills:**

Typing ( ) Yes ( ) No \_\_\_\_\_ WPM 10-Key ( ) Yes ( ) No Personal Computer ( ) Yes ( ) No

Special Training/Skills/Qualification: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware.

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Please provide copies of any certificates or license related to the position for which you are applying.

**Military Service:**

Have ever been in the Armed Forces? ( ) Yes ( ) No

Are you now a member of the National Guard? ( ) Yes ( ) No

Are you a veteran? ( ) Yes ( ) No If Yes, list type of discharge status: \_\_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Employment Experience:**

Please include the last 5 years of employment, begin with your most recent job held. Do not write in "Refer to Resume", etc. Resumes may be attached. If you were self-employed give firm name, if you had gaps between jobs please list those.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Job Title \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Job Title \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Job Title \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Job Title \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you complete this Application yourself? ( ) Yes ( ) No

If not, who did? \_\_\_\_\_

**References:**

Please list (3) \*three references that are NOT related to you whom you have known at least 1-5 years:

\*Name: \_\_\_\_\_

\*Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

\*Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Anything else you may want to add/summarize to your qualification to complete this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the **ABSENTEE SHAWNEE HOUSING AUTHORITY** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plan, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the **ABSENTEE SHAWNEE HOUSING AUTHORITY**, or otherwise to change in any respect the **employment-at-will** relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the **ABSENTEE SHAWNEE HOUSING AUTHORITY** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that the Company (1) has a drug and alcohol policy that may require drug testing; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on successful passing of job-related physical examination.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and that at any time during the probationary period or thereafter, my employment relation with the Company is terminable **at-will** for any reason by either party.

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Signature of Applicant

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Date

**Important!!!** In order to be eligible for Indian Preference, a copy of your CDIB or Tribal Enrollment card must be included with your application.

The Absentee Shawnee Housing Authority is an equal employment opportunity employer; however preference is given to qualified Native American applicants as allowed by regulations. We adhere to policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Company depends solely on your qualifications.

Updated: July 8, 2013