



ABSENTEE SHAWNEE HOUSING AUTHORITY

107 N. Kimberly Ave. Shawnee, Oklahoma 74801 P. (405) 273-1050 F. (405) 275-0678

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you a member of the Absentee Shawnee Tribe? YES NO If you are a member of a federally recognized tribe please list Tribe here: _____
(Attach tribal identification for Indian preference)

Are you related to any Executive Committee Member of the Absentee Shawnee Tribe or Board of Commissioner of Absentee Shawnee Housing Authority? YES NO List name here: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Application Waiver and Signature

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

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 other, 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 by 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.

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 opportunity employer; however, preference is given to qualified Native American applicants as allowed by regulations. We adhere to policy for making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure that your opportunity for employment with us depends solely on your qualifications.

Signature: _____

Date: _____