



**THLOPTHLOCCO TRIBAL TOWN**  
Federal Charter 1938 — Creek Tribe  
P.O. Box 188 • Okemah, Oklahoma 74859-0188  
(918) 560-6198/(866) 988-8696 • Fax (918) 623-0045

**NOTICE TO APPLICANT.** Any offer of employment that may be made to you is contingent upon your submission of satisfactory proof of your identity and legal authorization to work at Thlopthlocco Tribal Town. If you fail to submit proof, this will be just cause for prohibiting your employment. Applicants will be subject to pre-employment drug screening as required by Thlopthlocco Tribal Town policy. All applicants will be subject to background and reference checks. Failure to reveal felony convictions may lead to non-hiring or termination for dishonesty. Thlopthlocco Tribal Town hiring officials have the discretion to consider the felony(s) to determine the appropriateness of a candidate for a vacant position. Thlopthlocco Tribal Town is an equal opportunity employer with Native American preference.

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Position Applied for: \_\_\_\_\_

Degree of Indian Blood: \_\_\_\_\_ Tribe: \_\_\_\_\_

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

Are you a member of this tribal town? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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



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If yes, explain: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

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1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

**Previous Employment**

1. 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

2. 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

3. 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: \_\_\_\_\_

**Other Languages**

\_\_\_\_\_ SPEAK FLUENTLY YES  NO  READ YES  NO  WRITE YES  NO

**Driver's Privacy Protection Act Requirement**

As required by the Federal Driver Privacy Protection Act (DPPA), 18 U. S. C. section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; or, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or, unless the DPPA authorizes the Department to release it, such as to government entities, courts, insurance companies, and to others specified. All job descriptions require a valid drivers license except when waived by the hiring official based upon the lack of a need for a specific employee to perform driving services as a part of their Thlopthlocco Tribal Town job duties; and a prohibition by the hiring official of said employee to ever drive a Thlopthlocco Tribal Town vehicle or personal vehicle on Thlopthlocco Tribal Town business. Such a prohibition will be removed when a valid driver's license is obtained.

**Photo Identification is Required to Obtain Record**

Print Driver Name as shown on the driver license: \_\_\_\_\_  
Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Type of Driver License: \_\_\_\_\_ Operator \_\_\_\_\_ Commercial/Chauffeur  
List any restrictions (explain): \_\_\_\_\_

**Consent to Release Record(s)**

By signing below, I voluntarily give consent to the Oklahoma Department of public Safety or any other Motor License Agent to release the above record(s), including personal information within my driver license record. I request the above record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, or legal entity.

Release Record and/or Information to: **Thlopthlocco Tribal Town**

\_\_\_\_\_  
Driver's Signature of Consent Date Signed

**Acknowledgement**

I understand that I will be notified only if I am selected for an interview or additional information is required of me.  
If employed, I understand that I may be subject to dismissal at any time during my employment. I further understand that I am to abide by all the laws, policies and procedures, and regulations of Thlopthlocco Tribal Town.  
I authorize necessary background inquires for the purpose of employment. I understand that refusal of the authorization for these inquiries shall negate consideration fro employment with Thlopthlocco Tribal Town.

**Disclaimer and Signature**

*By signing the application for employment, I certify that I have read and understand all parts of it, and that my answers are true and complete to the best of my knowledge.*  
*I understand that falsification of any of the information given on this form is just cause for refusal to hire and 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: \_\_\_\_\_

**Thlopthlocco Tribal Town Use Only**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_