



Caddo Nation of Oklahoma

Post Office Box 487 • Binger, Oklahoma 75009 • 405-656-2544 • 405-656-2545 • Fax 405-656-2892

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

TODAYS DATE _____

Name: _____

SSN# _____ D.O.B. _____

TRIBAL PREF: Y ___ N ___ VET PREF: Y ___ N ___ DISABILITY: Y ___ N ___

VOLUNTARY COMMENTS TO ANY OF THE ABOVE: _____

CURRENT ADDRESS _____

TELEPHONE# HOME () _____ WORK NUM# () _____

VALID DRIVER'S LICENSE: Y ___ N ___ ST _____ D.L.# _____

EMPLOYMENT DESIRED

POSITION: _____ START DATE _____ SALARY RANGE _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Y ___ N ___

HAVE YOU BEEN EMPLOYED BY THE CADDO NATION BEFORE: Y ___ N ___

IF YES, PLEASE PROVIDE DATE BELOW:

EMPLOYMENT DATE POSITION SALARY REASON FOR LEAVING

1. _____

2. _____

3. _____



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EDUCATION

	NAME/LOCATION	YEARS	GRADUATED	MAJOR
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
VO-TECH	_____	_____	_____	_____

FORMER EMPLOYERS: FILL THE BLANKS OR ATTACH A RESUME.

DATES	NAME/ADDRESS	TITLE/SALARY	DUTIES	REASON LEFT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

REFERENCES: LIST THREE NAMES NOT RELATED TO YOU.

NAME/ADDRESS	PHONE #	BUSINESS	YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The Caddo Nation of Oklahoma recognizes its responsibility to create and maintain a workplace free from the illicit or inappropriate use of a controlled substance, drugs or other dedications by its employees. The Caddo Nation has a mandatory drug testing policy for its employees and new-hires. Every employee will comply with the mandatory and random drug testing policy.



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I authorize investigation of all statements contained in this application. I authorize contact with any and all persons given as character references in this application. I understand that misrepresentation or omission of facts in this application is cause for dismissal or denial of hire. Further, I understand and agree that my employment is for no definite period and my regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature of applicant

Date

In Case of Emergency Notify:

Name

Address

Phone no.

PROBATION EMPLOYMENT:

All persons who are recruited for regular full-time or regular part-time employment are considered probationary employees. The probation period shall be minimum of (90) ninety calendar days. The probation period is defined as the period during which an employee's fitness and capabilities to perform the duties of his/her job are evaluated by the Business Manager, Program Director and/or Tribal Officials. Instruments used in this process are observation and the performance appraisal form. When an employee Manager or Program Director will inform the employee in writing of their termination from the organization with or without cause and the employee will not be offered the option of an appeal or grievance process. I understand and comply with this directive.

Signature of applicant

Date