



Office of Human Resources
 Tribal Office Building
 Mississippi Band of Choctaw Indians
 P. O. Box 6033
 Choctaw, MS 39350

EMPLOYMENT APPLICATION

Office Use Only

Date Received _____

PLEASE PRINT

Name Initial
 First
 Last
 Date

Instructions:

Each question should be fully and accurately answered. **Do not** substitute resume for Employment History Section. All information provided is subject to verification. Please print with black ink or use typewriter.

This application must be completed in full in order to be considered Personal Data Answer each question fully and accurately.

First Name	Middle	Last	Date
Present street address			Social Security Number
City	State	Zip Code	How long at present address?
Previous street address			How long at previous address?
City	State	Zip Code	
In case of emergency notify	Your present telephone number ()	Emergency phone no. ()	
Position Desired:	No. years experience in desired job	Salary requirement \$	
Job Announcement No.:	Location:		

Desired employment:
 Regular full time Regular part-time Temporary full-time Temporary part-time

Have you previously applied for work at MBCI or its enterprises? Yes No
 Are you a former employee of MBCI? Yes No If yes, list company and dates. _____

Referred by: School Ad MBCI employee Other Please explain. _____

Are you a member of a federally recognized Tribe? Yes No
 If yes, name of Tribe: _____ Degree of Indian blood: _____

Spouse's name: _____ Spouse's occupation: _____

Name and age of each dependent:

Applicant's Mother's full name: _____ Applicant's Father's full name: _____

List professional organizations with which you are associated.

Are you willing to travel? Yes No Frequency 10% 25% 50% Over 50% Would you relocate? Yes No

Education and Training

Circle highest grade completed in each school category.

High School
9 10 11 12 GED

College
1 2 3 4

Graduate school
1 2 3 4

List names and addresses of high schools, technical and vocational institutions; colleges and universities: all undergraduate and postgraduate work. Include future diplomas or degrees and dates expected. Begin with most recent.	Dates attended from month/year to month/year	Years completed	Course of study list major and minor	Degree	Date diploma or degrees conferred or expected
1.					
2.					
3.					
4.					

Other education and training (i.e. seminars, courses, military training, etc.)

School _____ Course or field of study _____ Attendance dates _____

School _____ Course or field of study _____ Attendance dates _____

To facilitate the verification of records, list all former names by which you were known, educational institutions, or former employers.

Name _____ Institution _____ Dates attended _____

Name _____ Institution _____ Dates attended _____

Please list any languages that you speak, and rate your skills in speaking, reading, and writing as Fluent, Good, Fair.

Special Skills (licenses, certifications, office equipment operation, keyboarding speed, etc.)

State comments about your career objectives, special qualifications, or major professional achievements.

Employment History *Begin with most recent*

Firm's name	Starting date Month Year	Leaving date Month Year
Nature of business	Job title at start	Final job title
Address		
City State	Starting pay per month	Final pay per month
Supervisor's name Title	Number of employees you supervised	Number of supervisors reporting to you
Supervisor's telephone ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving
Primary duties		

Firm's name	Starting date Month Year	Leaving date Month Year
Nature of business	Job title at start	Final job title
Address		
City State	Starting pay per month	Final pay per month
Supervisor's name Title	Number of employees you supervised	Number of supervisors reporting to you
Supervisor's telephone ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving
Primary duties		

Firm's name	Starting date Month Year	Leaving date Month Year
Nature of business	Job title at start	Final job title
Address		
City State	Starting pay per month	Final pay per month
Supervisor's name Title	Number of employees you supervised	Number of supervisors reporting to you
Supervisor's telephone ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving
Primary duties		

Firm's name	Starting date Month Year	Leaving date Month Year
Nature of business	Job title at start	Final job title
Address		
City State	Starting pay per month	Final pay per month
Supervisor's name Title	Number of employees you supervised	Number of supervisors reporting to you
Supervisor's telephone ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving
Primary duties		

List other previous employers - most recent first

Firm	Address	From	To
Firm	Address	From	To
Firm	Address	From	To
Firm	Address	From	To

Military Information

Have you served in the U.S. Armed Forces? Yes No Branch of Service _____
 From _____ To _____ Rank of Induction _____ Highest rank attained _____
 Are you in the Reserve
 or National Guard? Yes No Branch _____ Ready Standby Retired Total months of active duty _____
 List any military education or experience you consider significant to the job for which you are applying.

Security Information

Do you have a legal right to be in this country? Yes No Do you have a legal right to work in this country? Yes No
 Type of Visa held _____ Visa no. _____ Expiration date _____
 Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense which has not been expunged or sealed by a court? Yes No
 If yes, list date, city, charge and disposition _____

Have you ever worked under another name? Yes No If yes, explain. _____

To enable us to make reference checks, list any name change, assumed name, or nickname by which you are known.

References (Persons familiar with your work achievements)

Name	Business relationship	Business address	Business and home phone	Years known
1.			() ()	
2.			() ()	
3.			() ()	

Agreement

In filling out this application form, I understand that the Mississippi Band of Choctaw Indians may investigate any of the facts or statements submitted by me. I hereby grant permission to verify any of the information contained herein.

It is also understood, and I agree, that nothing contained in this application, or in any policy of the Tribe shall constitute a contract of employment or a contract or agreement for a definite or specified term of employment. Employment is on an at will basis and may be terminated at any time for any reason. Further, I understand that, there being no contract of employment, my continued employment and/or promotion is the prerogative of the Tribal Chief.

In addition, it is my understanding that the Mississippi Band of Choctaw Indians adhere to a publicly announced policy and practice of extending preferential treatment to qualified Indians in regard to recruitment, employment, reduction in force, promotion, training, and related employment actions.

I certify that all statements made in this application and other supporting documentation are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. Falsification of information may result in immediate discharge, if I have been employed. I also understand that my employment is conditioned upon the successful completion of such employment, educational, and reference checks deemed necessary.

I hereby agree to this and authorize the release of such information to the Mississippi Band of Choctaw Indians.
 I hereby acknowledge that I have read and understand the above Agreement.

 Signature of Applicant

 Date



Office of Human Resources
 Tribal Office Building
 Mississippi Band of Choctaw Indians
 P. O. Box 6033
 Choctaw, MS 39350

Background Investigation Authorization/Disclosure

I authorize and instruct all corporations, companies, educational institutions, persons, law enforcement agencies, Workers' Compensation agencies, criminal, civil, and federal courts, and former employers to release information they have about me and release them from any liability and responsibility from doing so. Any copy of this authorization shall have the same authority as the original.

Signature _____

Date _____

Required Information (Please print clearly)

Name (First, MI, Last) _____

Maiden or other Name Used and Dates Used _____

Social Security Number _____

Date of Birth _____

Drivers License Number and State _____

Do you have a legal right to be in this country? Yes No Do you have a legal right to work in this country? Yes No

Type of Visa held _____ Visa no. _____ Expiration date _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense which has not been expunged or sealed by a court? Yes No

If yes, list date, city, charge and disposition _____

Please provide seven (7) years of residence history (use additional paper if necessary)

Current Address

From: _____ To: _____

Number and Street _____

City, State, ZIP _____

First Prior Address

From: _____ To: _____

Number and Street _____

City, State, ZIP _____

Second Prior Address

From: _____ To: _____

Number and Street _____

City, State, ZIP _____

Third Prior Address

From: _____ To: _____

Number and Street _____

City, State, ZIP _____



Office of Human Resources
Tribal Office Building
Mississippi Band of Choctaw Indians
P. O. Box 6033
Choctaw, MS 39350

Census Questionnaire

This form is for census information only. It will be retained separate from your application and will be kept confidential.

Sex: Male Female

White (Not of Hispanic origin)

Black (Not of Hispanic origin)

Hispanic (Persons of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

Asian or Pacific Islander (Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or Pacific Islands)

American Indian or Alaskan Native

Signature

Date



Office of Human Resources
Tribal Office Building
Mississippi Band of Choctaw Indians
P. O. Box 6033
Choctaw, MS 39350

Drug and Alcohol Free Workplace

I understand that the Mississippi Band of Choctaw Indians prohibits the possession, manufacture, distribution, dispensing, or use of illegal drugs, alcohol or intoxicants on Tribal property. I also understand that violation of this standard will subject me to disciplinary action, including termination for cause, in accordance with the Tribal Administrative Policies and CHO 136-89.

Name

Date

Witness

Date