



# QUAPAW NATION EMPLOYMENT APPLICATION

**P. O. Box 765  
Quapaw, OK 74363**

**Office: 918-542-1853  
Fax: 918-542-4694**

**INSTRUCTIONS TO APPLICANTS:** Please complete the application in its entirety, including personal information, educational background, employment, salary history, references and certification.

<b>APPLICANT INFORMATION</b>			
Last Name:	First:	MI:	Date:
Maiden name or other names used:			
Street Address:		Apartment/Unit #	
City:	State:	Zip Code:	
Phone:	E-mail Address:		
Date of Birth:		Social Security #:	
Driver's License #:		State:	
Position applied for:		Desired Salary:	
How did you hear about this position?		Date Available:	
Status desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Quapaw Nation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what location?

If you have been at your current address for less than 5 years, please list below any previous addresses:

<b>EDUCATIONAL BACKGROUND</b>				
Please list any license or professional designation.				
Dates (From-To)	Institution	Location (City, State)	Degree Awarded	Major/Area of Concentration

<b>Licensure, Registration and Certifications</b>				
Examples: Driver's License Class, Teaching Certification, CLEET, EMT, Paramedic, etc.				
License/Certification Title	Issue Date	Exp. Date	Issuing Agency	License #

<b>EMPLOYMENT</b> (List in reverse chronological order beginning with your current/last position)					
Dates (From-To)	Employer	Location/City	Position	Final/ Current Wage	Reason for leaving

\*\*\*The Department of Transportation (DOT) rule, **49 CFR Part 40**, describes required procedures for conducting workplace drug and alcohol testing.\*\*\*

**HAVE YOU BEEN INVOLUNTARILY SEPARATED FROM EMPLOYMENT WITHIN THE LAST TEN YEARS?**     YES     NO

Involuntary separation includes dismissal for cause, layoff, reorganization, elimination of position or any other involuntary discontinuation of employment. If yes, please explain fully (attach sheet if necessary).

**SUPERVISORY REFERENCES**

Please list three persons who are not related to you and who have knowledge of your qualifications and fitness for the position for which you are applying. Include your immediate supervisor at your present and prior places of employment.

Name	Title / Occupation	Address/Email Address	Telephone

**IN ORDER TO COMPLETE YOUR PRE-EMPLOYMENT BACKGROUND SCREENING, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Have you ever been denied a license, permit or privilege?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
Have you ever been convicted of a felony? <i>(if YES, please fill out below)</i>	Yes	No
Have you ever been arrested for / charged with a crime involving a child?	Yes	No

Have you ever been found guilty/pleaded no contest to any offense involving violent sexual assault, molestation, exploitation, prostitution or crimes against persons?	Yes	No
During the last 10 years, have you been convicted/imprisoned/on probation/on parole?	Yes	No
Have you ever been convicted by a military court-martial?	Yes	No
Are you under charges for any violation of the law?	Yes	No
Have you ever been fired, asked to leave or left any job by mutual agreement or been debarred from Federal, State or Tribal employment?	Yes	No
Are you delinquent on any Federal debt?	Yes	No

If your answer to **ANY** of the above questions is **YES**, please attach a statement giving the details. Please note that a conviction of a crime **is not** an automatic bar to certification. All circumstances will be considered.

**Traffic and other convictions and forfeitures:** (Please include convictions resulting from a no-contest plea, but omit traffic violations and fines of under \$ 300.00, violations committed before the age of 16, violations committed before the age of 18, if finally decided in juvenile court or under a Youth Offender law, any conviction set aside under the Federal Youth Corrections Act or similar state law, and any convictions whose record was expunged under Federal or State law.)

Date	Location	Charge	Penalty
1.			
2.			
3.			
4.			

#### **AUTHORIZATION AND CONSENTS**

#### **PRE-EMPLOYMENT DRUG SCREENING**

I understand, that as required by the Quapaw Nation safety regulations, Title 49 Code of Federal Regulations, Section 382.301, all applicants of the Quapaw Nation must be tested for controlled substances as a pre-condition for employment. I hereby consent to the urine sample collection and testing for controlled substances.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to the Quapaw Nation. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization. I understand that the positive test result for controlled substances shall render me unqualified to be employed by the Quapaw Nation.

**I UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND HEREBY AGREE TO COMPLY WITH THEM:**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

#### **BACKGROUND CHECK RELEASE AND AUTHORIZATION**

I hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau, as well as any individual that has any record or knowledge of my professional experience and qualifications, workers' compensation claims, credit reports, motor vehicle operation history, criminal history, civil judgments, tax liens, character and attitudes, general reputation, personal characteristics, and mode of living, to provide the holder of this document any such information for the purpose of employment, promotion or reassignment. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original. Permission is granted for information to be released by any state agency, including, but not limited to, the Department of Labor, Workers' Compensation Division, DMV, etc.

I understand the requirements of P.L. 101-630 and P.L. 101-647, the requirement of a favorable background and character investigation, as well as satisfactory criminal history check, in accordance with the standards of the Quapaw Nation. I agree to probationary employment pending completion and certification of a favorable background check during which any children, including children at the O-Gah-Pah Learning Center, are in the care of myself. During that period, I agree to be within sight and under direct supervision of a staff member whose background investigation has been cleared.

I hereby release the Quapaw Nation and any of its agents, as well as any person providing information under the current release and authorization, from any and all liability which may arise in connection with the background investigation as described herein. I have voluntarily provided supplemental information to the Quapaw Nation as my prospective employer to be used, if need be, in conjunction with such investigation.

According to the *FAIR CREDIT REPORTING ACT*, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will be so advised and be given the name of the reporting agency or source of information. Before signing the current Release and Authorization, I have been given the opportunity to review this document with anyone of my choosing, including an attorney.

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Signature of applicant

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Date

### **Applicant must read and sign**

I hereby certify that I have read and understand all of this application. It is agreed and understood that the Quapaw Nation or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is recorded or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with the Quapaw Nation, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that the position I am applying for may be conditioned on the results of a controlled substances' test.

I further certify that I am a genuine applicant for the position with the Quapaw Nation and this application has been submitted solely for the purpose of employment certification. It is also agreed and understood that under the *FAIR CREDIT REPORTING ACT*, *PUBLIC LAW 91-508*, I have been told that this investigation may include an investigative consumer report including, but not limited to, information regarding my past employment history, criminal background, character and attitudes, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and undergo such examinations as may be required to complete my employee file.

I understand that I have the right to review the information submitted to the Quapaw Nation, as my prospective employer, by all of my current and past employers, as well as by any investigative agencies and credit bureaus, to correct errors in that information, and rebut perceived incorrect information; that information will be provided to me within the legal time frame as set by the *FAIR CREDIT REPORTING ACT* and amended *FAIR AND ACCURATE CREDIT TRANSACTIONS ACT (2003)*.

I agree to abide by all the rules and policies of the Quapaw Nation.

This document is to certify that the application was completed by me in person, and that all entries on it are true and complete to the best of my knowledge. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I understand that all statements on this application supplement are subject to verification as a condition of employment.

I understand and certify that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I understand that all statements on this application are subject to verification as a condition of employment.

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Signature of applicant

Date

## TRIBAL EMPLOYMENT PREFERENCE

The Quapaw Nation is an Equal Opportunity Employer. As a sovereign, federally recognized nation, we have established and adopted an employment preference policy which applies to any and all employment actions and job opportunities, including initial hiring, transfers, promotions, and reinstatements. When two or more equally qualified candidates, each of whom meets the qualifications or requirements for employment, are available for any employment action, the Quapaw Employment Preference takes precedence over any other, followed by Dependent, Indian, and Veteran Employment Preference, as set forth in Resolution No. 041908-C of the Business Committee of the Quapaw Nation. This applies to all forms of employment, including salaried, hourly, temporary, consulting, and contract positions, as well as any other form of employment or service-for-hire with the Quapaw Nation. The information you provide below is voluntary, and failure to do so will not jeopardize your opportunities with the Quapaw Nation.

NAME: \_\_\_\_\_

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

POSITION APPLIED FOR: \_\_\_\_\_

Are you American Indian or Alaskan Native?

YES

NO

DECLINE

If yes, what is your tribal affiliation?

\_\_\_\_\_

Are you a spouse/dependent/caregiver of an American Indian or Alaskan Native?

YES

NO

DECLINE

If yes, what is his/her tribal affiliation?

\_\_\_\_\_

Do you have a veteran status?

YES

NO

DECLINE

**NOTE:** To be considered for any of the above Indian Employment Preferences, you must provide a Certificate of Degree of Indian Blood (CDIB) and/or a tribal membership card.