

**SENECA-CAYUGA TRIBE OF OKLAHOMA**  
**R2301 E. Steve Owens Boulevard**  
**P.O. Box 1283**  
**Miami, OK 74355**

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present address: \_\_\_\_\_  
Number Street City State Zip

Telephone: \_\_\_\_\_ If under 18, please list age: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Degree: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ (per hr / yr)

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When will you be available for work? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City and State)	NO. OF YRS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade				
Prof. School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?     Yes  No

Did you complete this application yourself     Yes  No

If not, who did? \_\_\_\_\_