



Ponca Tribe of Oklahoma

20 White Eagle Drive, Ponca City, OK 74601 (580) 762-8104 Fax (580) 762-2743

Please read before filling out this application: All applications for employment to the Ponca Tribe must be made on this form. Applicants are urged to read carefully and understand fully each question. All answers should be printed. Neatness is important. All information submitted is subject to verification. A false or misleading response may result in disqualification from Tribal employment. The Ponca Tribe is an Equal Opportunity Employer with Indian Preference in hiring. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Application for Employment

Name (Last, First, Middle Initial)	Maiden Name:	Social Security #:	Date of Application:
Mailing Address	City	State	Zip
Residence if different from above	City	State	Zip
Date of Birth:	Home Phone	Message	Cell
Position(s) applying for:		Date you can start:	Salary Desired:
Referral Source (Walk-in Relative Friend Employment Agency advertisement (i.e.-Newspaper, Other) _____			
Do you have a valid Driver's License? Yes ___ No ___ If so, type of license (i.e. Operator, Commercial Operator, Chauffeur) _____ Does your driver's license have any restrictions: Yes ___ No ___ If yes, please explain: _____			
Are you a member of, or eligible for membership in a federally recognized Indian Tribe? (Tribal policy provides that Native American Indians be given preference in initial hire for all positions) Yes ___ No ___ Can you furnish a "Certificated Degree of Indian Blood" (C.D.I.B.) card, or Bureau of Indian Affairs (BIA) preference form 5-4432? Verification of Native American Indian Heritage must be included with application. Yes ___ No ___			
Are you legally authorized to work in the United States? Yes ___ No ___ (Verification of identity and employment eligibility must be submitted at time of hire.) Are you 18 years or older? Yes ___ No ___ If employed and under 18 can you provide a work permit? Yes ___ No ___			
Have you been fired or asked to resign from a job position within the last 7 years? Yes ___ No ___			
Have you ever served or are currently serving in the Military? Yes ___ No ___ If yes, please list dates and branch of service (this includes National Guard and Reserves): _____			
Do you currently hold a position with the Ponca Tribe? Yes ___ No ___ If yes, please list title and position: _____ Have you ever worked for the Ponca Tribe? Yes ___ No ___ If yes, please give dates: _____			
Have you ever been convicted of a felony (Civilian or Military court)? Yes ___ No ___ (A conviction or criminal record will not necessarily disqualify you from employment. Each individual case will be considered in relationship to position applied for.)			
Please check all types of work you would accept for employment: Regular ___ Full Time ___ Temporary ___ Part Time ___ Day Work ___ Night Work ___ Shift Work ___ Weekend Work ___ Seasonal ___ Other _____			

Do you have a highschool diploma? Yes ___ No ___ Do you have a GED? Yes ___ No ___ What is the highest level of education you have completed? _____ (Elementary 1-8; H.S. 9-12; Assoc. 14; Bachelor's 16; Master's 18; Ph. D. 20)

If you have attended a College, University, Vocational, Technical, or Trade School, please list them and provide an **official transcript** or a copy with the school seal which shows Academic or Vocational training beyond the high school level:

Institution Name and Location	Dates Attended	Area of Study	Total # of Hrs. Completed	Degree/Certification received	Date Received

Experience:

Please list your work record starting with your most recent job; include military service. **DO NOT REFERENCE a resume.** Use additional employment experience sheets if necessary. Experience acquired more that 7 years ago may be omitted if it does not apply to the job for which you are applying.

Employer's Name, Address, and Telephone #

Dates Employed	Supervisor's Name and Title	Your Job Title
Reason for Leaving:	Salary: Beginning	Ending or Present

Description of Duties:

Employer's Name, Address, and Telephone #

Dates Employed	Supervisor's Name and Title	Your Job Title
Reason for Leaving:	Salary: Beginning	Ending or Present

Description of Duties:

Employer's Name, Address, and Telephone #

Dates Employed	Supervisor's Name and Title	Your Job Title
Reason for Leaving:	Salary: Beginning	Ending or Present

Description of Duties:

May we contact present employer as to your qualifications and record of employment? Yes ___ No ___

Do you speak, read, or write any other languages other than English? Yes ___ No ___ If yes, please list what language(s) you speak and the fluency in which you speak, read, or write: _____

Special Qualifications and Skills: List qualifications and skills you possess which are required for the job as stated in the job description or advertisement, such as computer program use, typing speed, ability to operate special equipment, or professional registration or licensing. Indicate any training or honors you have received which are directly related to the job for which you are applying.

ADDITIONAL INFORMATION:

Please use this space for any other information you feel is necessary to explain (i.e.- qualifications, skills, certifications etc.) For the position for which you are applying.

(This area contains faint, illegible text, likely bleed-through from the reverse side of the page.)

Acknowledgment

I hereby declare the above information to be complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given in the above application. I therefore authorize any and all investigation(s) into any and all information contained within this application for employment as may be necessary to arrive at an employment decision. This could include but not limited to safety, law enforcement records, and reference checks.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my immediate termination for any position I am employed at with the Ponca Tribe of Indians of Oklahoma. I also understand that I am required to abide by all rules and regulations set forth in the policies and procedures of the Ponca Tribe. I understand that acceptance of this application does not necessarily guarantee employment or constitute an employment contract between the Ponca Tribe of Oklahoma and myself.

I have read and understand the above statement.

Signature of Applicant

Date of Application



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Staff Information -
Child Care Facility**



Applicant first name	Middle name	Last name	Social Security no.
Maiden and/or previous names			Date of birth
Street address	City	State	Zip
Position		Area code	Phone
Facility name		License no. Ks	County
Street address	City	State	Zip

Education.

Do you have a high school diploma or GED? Yes No

If no, highest grade completed: _____

List early childhood credentials or educational certificates	Expiration date(s)
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College:

Name	Location	Date graduated
Degree	Major	Minor

Previous child care employment.

Name of employer	Address (city, state, zip)	Phone number	Full or part-time	Service dates

Personal references.

Initial application only. List three persons not related to you, who are familiar with your child care practices.

Name	Address (city, state, zip)	Phone	Relationship

- Have you been convicted of, or entered a plea of guilty, or nolo contendere, or have pending charges to any crime involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or animal cruelty? Yes No
- Have you resided in Oklahoma less than three years? Yes No
List state(s) _____

Applicant/employee signature

Date

Completed during hiring process.

Date completed criminal background review received	Date reference checks completed
Date requirements provided to employee	Employment date

Training completion dates, if applicable:

First aid	CPR
Orientation	Entry level child care training (ELCCT)

Owner or director signature

Date

**Head Start Program
Declaration Form**

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Name of Prospective
Employee/Volunteer: _____

Federal Policies now require that Head Start agencies require all prospective employees/volunteers to sign a declaration prior to employment which list:

- **All pending and prior criminal arrests and charges related to child sexual abuse and their dispositions.**
- **Convictions related to other forms of child abuse and/or neglect.**
- **All convictions of violent felonies.**

The declarations may exclude:

- **Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employees 18th birthday, which was finally adjudicated in a juvenile court or under youth offender law.**
- **Any conviction for which the record has been expunged under Federal or State law.**
- **Any conviction set aside under the Federal Youth Corrections Act or similar State authority.**

Note: Individuals that declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the line in the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date: _____

OR

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date: _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

Name Based - \$15.00
 Sex Offender - \$2.00
 Mary Rippy Violent Offender - \$2.00
 State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:
 Fax Mail In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:
() _____

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER
 BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____
Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)
Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation Computerized Criminal History	Oklahoma Department of Corrections Sex Offender	Oklahoma Department of Corrections Violent Offender
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Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.