



KAW HOUSING AUTHORITY

#9 Kanza Lane / P.O. Box 371, Newkirk, OK 74647

Phone: (580)362-6264 / Fax (580)362-3986

Application for Employment

RETURN TO:

Please complete in full.

Type or print in blue or black ink.

Kaw Housing Authority

PO Box 371 / #9 Kanza Lane

Newkirk, OK 74647

Kaw Housing Authority Employment Application

Name _____

Last

First

M

Social Security Number

E-Mail _____

Address _____

Number & Street

City

State

Zip

Area Code & Telephone Number

Are you legally entitled to work in the United States?

Home _____ Cell _____ Yes No

Are you known to former employers/references by another name? Yes No

If yes what name? _____

Do you have a valid driver's license? Yes No

If yes, please provide:

License number _____ State _____ Type _____

Has your license been suspended within the past 3 years? Yes No

Have you ever been employed by Kaw Housing Authority? Yes No

If yes, provide dates of employment and position held _____

Do you have relatives currently employed by Kaw Housing Authority, on Kaw Housing Authority Board or on Kaw Nation Tribal Council? Yes No

If yes, provide relationship and position _____

Are you an enrolled member of a Federally Recognized Indian Tribe? Yes No

Do you have a CDIB Card (Certificate of Degree of Indian Blood)? Yes No

If yes, provide a copy of your certificate with this application.

Employment desired:

Applying for: _____ Fulltime: _____

Applying for: _____ Part time: _____

How did you become aware of this position opening:

Kaw Housing Authority Website Newspaper (name) Word of mouth Workforce



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Education

Do you possess a High School Diploma _____ GED _____

Military Service

Have you ever served in the US Military/National Guard? _____ Yes _____ No

If you are a Veteran: Did you receive any training which would be helpful in the job for which you are applying? _____ Yes _____ No

If yes, describe: _____

Criminal History

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, explain _____

Employment History

From _____ To _____ Employer _____ Address _____

Position _____ Full time _____ Part time _____ Duties _____

Pay when hired \$ _____ per _____ Pay last date of employment \$ _____ per _____

Supervisor _____ Phone _____ Reason for leaving _____

May we contact _____ Yes _____ No

From _____ To _____ Employer _____ Address _____

Position _____ Full time _____ Part time _____ Duties _____

Pay when hired \$ _____ per _____ Pay last date of employment \$ _____ per _____

Supervisor _____ Phone _____ Reason for leaving _____

May we contact _____ Yes _____ No

From _____ To _____ Employer _____ Address _____

Position _____ Full time _____ Part time _____ Duties _____

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Supervisor _____ Phone _____ Reason for leaving _____

May we contact _____ Yes _____ No



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References

Provide three references capable of commenting on your ability to perform the work for which you have applied. Applicants should include references from their previous places of employment. Telephone numbers and addresses for reference contacts must be provided.

<u>Name of References</u>	<u>Title</u>	<u>Company</u>	<u>Telephone</u>	<u>Present Address</u>

(Note: Employment shall be contingent upon verification of most recent employment)

Kaw Housing Authority adopts the provision of the Indian Self Determination & Education Act PL 93-638 as amended. In selection for employment, preference will be given to enrolled members of federally recognized Nations, providing other qualifying factors prove the enrolled member in merit to other applicants.

I certify answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand false or misleading information given in my application or interview(s) may result in termination of employment regardless of length of employment, or cancelation of the job offer without notice. I understand I am required to abide by all rules, regulations and laws of the Kaw Housing Authority.

I understand if I am employed by Kaw Housing Authority, a position where I will be driving a Kaw Housing Authority vehicle on a regular basis, any offer of employment I receive will be contingent on Kaw Housing Authority verifying I have an acceptable driving record and a valid Driver's License. I authorize the Kaw Housing Authority or its designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) Kaw Housing Authority. In the event my MVR indicates I am a High Risk Driver as defined in the glossary of Fleet Safety Program I understand I may be subject to dismissal.

The applicant does hereby authorize the Kaw Housing Authority to seek employment verification or records from all former and current employers listed on this application. I hereby give my permission to Kaw Housing Authority to investigate all statements given in this application or during interview(s) and I release from liability any person, company, agency or corporation collecting or supplying such information to Kaw Housing Authority and its employees.

I further understand offers of employment are contingent upon passing a criminal background check, and in some designated positions accreditation through the Bureau of Indian Affairs (BIA). I further understand I will be required to pass a post offer employment drug screen and/or medical review.

I understand acceptance of an offer of employment does not create a contractual obligation upon Kaw Housing Authority to continue to employ me in the future. I acknowledge the Kaw Housing Authority is an "at will" employer.

I have read and understand the above statements:

Signature _____ Date _____



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Equal Employment Opportunity Data

It is the policy of Kaw Housing Authority to provide equal employment opportunity in the conduct of all our business activities without regard to an individual's age, color, disability, marital status, sexual preference, national origin, race, religion, genetic information (GINA) or sex, in every phase of our employment program. This information will be kept confidential: it will be separated from your application immediately and kept separate from all other personnel records, only accessed by Human Resources. Providing the information requested below is voluntary and will in no way affect your application or chances for employment. If you do not provide the information requested below, it will not subject you to adverse treatment.

Name _____ Date _____
Date of Birth _____ Position Applied For _____

Statistical Information:

Gender: ___ Male ___ Female

Marital Status: ___ Single ___ Married ___ Divorced

Ethnic Origin:

___ Caucasian (Non-Hispanic or Latino)

___ Hispanic or Latino

___ African American (Non-Hispanic or Latino)

___ Asian (Non-Hispanic or Latino)

___ American Indian or Alaskan Native (Non-Hispanic or Latino)

___ Native Hawaiian or other Pacific (Non-Hispanic or Latino)

___ Two or more Races

Thank you for your responses!



DISCLOSURE AND AUTHORIZATION 2.2

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with Kaw Housing Authority, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company. By checking

the following box, I request a copy of all such reports be sent to me. Check here:



DISCLOSURE AND AUTHORIZATION 2.2

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

First Name _____ Middle Name/MI _____ Last Name _____

Signature _____

Date _____

For identification purposes:

Address _____

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____