



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*

**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, use typewriter or fill out electronically.

|   |                                     |           |                        |                               |
|---|-------------------------------------|-----------|------------------------|-------------------------------|
| <b>This application must be completed in full in order to be considered</b>   |                                     |           |                        | Date                          |
| <b>Personal Data</b> Answer each question fully and accurately.   |                                     |           |                        |                               |
| First Name  | Middle                              | Last      | Social Security Number |                               |
| Present street address  | City                                | State     | Zip Code               | How long at present address?  |
| Previous street address   | City                                | State     | Zip Code               | How long at previous address? |
| 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 <input type="checkbox"/> Regular part-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Temporary part-time <input type="checkbox"/> |                                     |           |                        |                               |

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

Primary duties

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

Primary duties

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

Primary duties

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

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 change, assumed name, or nicknames 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 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

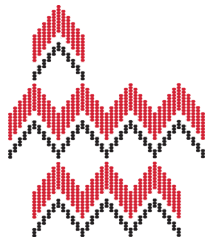
\_\_\_\_\_  
 City, State, ZIP

**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

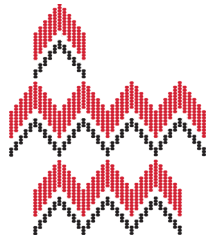
- White (Not of Hispanic origin)
- Black (Not of Hispanic origin)
- Hispanic (Persons of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- Asian or Pacific Islander (Persons having origins in any of the original peoples of the Far East, 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 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