



PRAIRIE BAND POTAWATOMI NATION EMPLOYMENT APPLICATION

COMPLETING AN APPLICATION DOES NOT IMPLY THAT YOU WILL BE INTERVIEWED OR HIRED. IF YOU ARE OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO SUCCESSFULLY COMPLETE AND PASS ALL PRE-EMPLOYMENT SCREENINGS.

OFFICE USE ONLY

TODAY'S DATE: _____ TRIBAL AFFILIATION _____

(Copy of Tribal Enrollment ID is required at time of submission to receive Indian Preference)

POSITION APPLYING FOR: _____ DESIRED WAGE/SALARY: _____

AVAILABLE TO START: _____ WHERE DID YOU HEAR ABOUT US? _____

LAST NAME SUFFIX FIRST NAME MIDDLE NAME

MAILING ADDRESS CITY STATE/PROVINCE ZIP CODE/POSTAL CODE

HOME #: _____ WORK #: _____ CELL/OTHER PHONE #: _____

E-MAIL ADDRESS FOR CORRESPONDENCE (OPTIONAL): _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT.)

HAVE YOU EVER BEEN ARRESTED OR CHARGED OF CRIME AGAINST A PERSON OR CRIME INVOLVING A CHILD? YES NO

IF YES, LIST LEVEL OF THE OFFENSE, NATURE OF OFFENSE, DATE AND LOCATION (COUNTY, STATE OR TRIBAL LAND) OCCURRED.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, LIST THE OFFENSE, NATURE OF OFFENSE, DATE AND LOCATION (COUNTY, STATE OR TRIBAL LAND) OCCURRED.

HAVE YOU RECEIVED A DISCIPLINARY SUSPENSION OR BEEN DISCHARGED FROM ANY POSITION? YES NO

IF YES, PLEASE EXPLAIN. _____

ARE YOU 18 YEARS OR OLDER? YES NO

HAVE YOU EVER APPLIED WITH THE PRAIRIE BAND POTAWATOMI NATION? (EXCLUDES THE CASINO) YES NO

HAVE YOU EVER BEEN EMPLOYED WITH THE NATION? (EXCLUDES THE CASINO) YES NO

IF YES, LIST THE DEPARTMENT, THE DATES EMPLOYED AND THE REASON(S) FOR LEAVING. _____

ARE YOU RELATED TO ANYONE WHO WORKS IN THE DEPARTMENT YOU ARE APPLYING FOR? YES NO

IF YES, PLEASE LIST ALL. _____

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that I may be asked to undergo a pre-employment physical examination and/or drug screen, and I authorize the release of any job-related medical information from this examination/drug screen to Prairie Band Potawatomi Nation. I understand that if this examination/drug screen reveals the need for further examination, testing, or treatment, such further examination, testing, or treatment will be at my sole expense. I understand that if I sign electronically on this application that my electronic signature will be considered as valid as an original.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

EDUCATION, LICENSES, CERTIFICATIONS, REFERENCES - PAGE 2

ARE YOU A HIGH SCHOOL GRADUATE
OR HAVE YOU OBTAINED YOUR GED? YES NO

DID YOU ATTEND COLLEGE? YES NO

HIGHEST LEVEL OF COLLEGE COMPLETED

IF NOT HIGH SCHOOL GRADUATE, YOUR
ANTICIPATED DATE OF COMPLETION _____
MM/DD/YYYY

UNDERGRADUATE
GRADUATE
POST-GRADUATE

LIST SCHOOLS ATTENDED: HIGH SCHOOL, COLLEGE OR BUSINESS, TRADES, TECHNICAL TRAINING

NAME	LOCATION	TYPE DEGREE, CERTIFICATE, DIPLOMA	MAJOR COURSEWORK OR TYPE OF TRAINING

LICENSE/CERTIFICATE ISSUED BY:	FIELD/TRADE	LICENSE/CERT. NUMBER	ISSUE DATE	EXP. DATE

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

COMMERCIAL DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE #: _____ CLASS: _____ ENDORSEMENT(S): _____

PLEASE LIST ANY SKILLS AND/OR QUALIFICATIONS YOU POSSESS RELATED TO THE POSITION YOU ARE APPLYING FOR:

PROFESSIONAL REFERENCES - INCLUDE SUPERVISORS AND PERSONS NOT RELATED TO YOU THAT WE MAY CONTACT TO VERIFY YOUR PERFORMANCE AND QUALIFICATIONS.

NAME:	OCCUPATION:	MAILING ADDRESS:
YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	ORGANIZATION:	CONTACT PHONE NUMBER:
NAME:	OCCUPATION:	MAILING ADDRESS:
YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	ORGANIZATION:	CONTACT PHONE NUMBER:
NAME:	OCCUPATION:	MAILING ADDRESS:
YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	ORGANIZATION:	CONTACT PHONE NUMBER:

I HEREBY REPRESENT THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSE STATEMENTS OR INFORMATION FURNISHED BY ME MAY
VOID THIS APPLICATION OR SUBJECT ME TO DISCHARGE AT ANY TIME AFTER EMPLOYMENT.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

EMPLOYMENT HISTORY - PAGE 3

LIST YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB.
EMPHASIZE YOUR SPECIFIC TASKS, SUPERVISORY OR TECHNICAL RESPONSIBILITIES. GIVE SPECIAL ATTENTION
TO EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. "SEE RESUME" OR "ON FILE" WILL NOT BE ACCEPTED.

EMPLOYER'S NAME:		KIND OF BUSINESS:	
EMPLOYER'S ADDRESS		PHONE NUMBER:	
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:
DUTIES: _____			

EMPLOYER'S NAME:		KIND OF BUSINESS:	
EMPLOYER'S ADDRESS		PHONE NUMBER:	
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:
DUTIES: _____			

EMPLOYER'S NAME:		KIND OF BUSINESS:	
EMPLOYER'S ADDRESS		PHONE NUMBER:	
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:
DUTIES: _____			

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PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

EMPLOYMENT HISTORY CONTINUED- PAGE ()

CONTINUED WORK HISTORY FOR THE PAST TEN (10) YEARS.

EMPHASIZE YOUR SPECIFIC TASKS, SUPERVISORY OR TECHNICAL RESPONSIBILITIES. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. "SEE RESUME" OR "ON FILE" WILL NOT BE ACCEPTED.

EMPLOYER'S NAME:		KIND OF BUSINESS:		
EMPLOYER'S ADDRESS		PHONE NUMBER:		
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:	
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	
DUTIES: _____				

EMPLOYER'S NAME:		KIND OF BUSINESS:		
EMPLOYER'S ADDRESS		PHONE NUMBER:		
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:	
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	
DUTIES: _____				

EMPLOYER'S NAME:		KIND OF BUSINESS:		
EMPLOYER'S ADDRESS		PHONE NUMBER:		
YOUR JOB TITLE:	FROM: (MM/DD/YY)	TO: (MM/DD/YY)	SALARY:	
SUPERVISOR'S NAME:	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	
DUTIES: _____				

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PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

RELEASE OF INFORMATION

PRAIRIE BAND POTAWATOMI NATION

AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **PRAIRIE BAND POTAWATOMI NATION** and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment with **PRAIRIE BAND POTAWATOMI NATION**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **PRAIRIE BAND POTAWATOMI NATION** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

I HEREBY REPRESENT THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSE STATEMENTS OR INFORMATION FURNISHED BY ME MAY VOID THIS APPLICATION OR SUBJECT ME TO DISCHARGE AT ANY TIME AFTER EMPLOYMENT.

PRINTED FULL NAME:

ADDRESS:

CITY, STATE/PROVINCE, ZIP CODE/POSTAL CODE:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

DRIVER'S LICENSE NUMBER:

STATE/PROVINCE ISSUED BY:

SIGNATURE:

DATE:

APPLICATION POLICY

Prairie Band Potawatomi Nation Human Resources Application Policy

ATTENTION:

Enrolled Prairie Band Potawatomi Tribal Members and existing PBPB Government Employees may apply for posted positions that are designated as ****In House**. Applying for a position does not ensure you will be granted an interview or hired. Minimum requirements must be met by all applicants. It is the applicant's responsibility to check with Human Resource office **before 4:00 pm** on the closing date to ensure that you have a completed application. If the application **is not** completed by the designated closing time; your application **will not** be submitted for the position.

Please Note: All open positions close at 4:00 pm on the closing date. If offered a position, you will test for our Drug-Free Workplace Policy and may be required to successfully pass a background check and a tuberculosis (TB) test as condition(s) of employment. Offers are contingent upon successfully passing pre-employment requirement(s). A clerical test may also be administered.

DRIVER / MOTOR VEHICLE RECORD GUIDELINES

The following driver guidelines include, but are not limited to the following criteria to **exclude an individual of driving status:**

Not a valid driver's license; currently suspended; two (2) or more at fault accidents in a three (3) year period; three (3) or more moving violations in the last twelve (12) months; any combination of three (3) or more moving violations, at fault accidents in the last twelve (12) months;

Any of the following Major Violations in the last three (3) years:

Operating under the influence of intoxicant or controlled substance (DUI or DWI); Failure to stop & report when involved in an accident that resulted in bodily injury to any person; vehicular homicide, manslaughter or assault; operating a vehicle during license revocation or suspension; operating a vehicle without the permission of the owner; operating a vehicle while used in commission of a felony; racing or speed contest; attempting to elude a police officer; youthful (underage) passenger with open container; reckless or careless driving (i.e. texting); driving on wrong side of highway; hit and run.

Unless stated above, **all are based on a 3 year period**, or per state law requirement if different.

APPLICATIONS

In order to apply for an open position you will need to submit the following:

- Application *See Resume **will not** be accepted
- Resume if applicable
- Authorization for Release of Information Form
- Copy of Tribal Enrollment Identification or Certificate of Degree of Indian Blood if you are exercising your right for Indian Preference
- Attach copies of all degrees, certifications, diplomas, and/or licenses

WEBSITE NAVIGATION

- Step 1:** Visit our website <http://www.pbpindiantribe.com/>
- Step 2:** On the left side of the webpage click the **Employment** tab.
- Step 3:** Click the link to view the listing of positions that are currently available along with a detailed job description.



Please submit all requested information to:

Prairie Band Potawatomi Nation
Human Resources Department
16281 Q Road
Mayetta, Kansas 66509
Phone: (785) 966-3060 or toll-free (866) 694-3937
Fax: (785) 966-3062
E-mail: hr@pbpnation.org