

# Poarch Creek Indians

5811 Jack Springs Road  
Atmore, AL 36502  
Phone: (251) 368-9136  
Fax: (251) 368-0811  
www.poarchcreekindians-nsn.gov



## APPLICATION FOR EMPLOYMENT

Please print clearly (black or blue ink) or type. Supplemental material may be attached to this application if you wish to submit additional information. You must fully and accurately complete this application for employment and attach all necessary documents. Incomplete or illegible applications will not be considered. This application is valid for Tribal Administration positions only and is valid for a period of six (6) months. Applications will only be considered for the positions listed on the application. To be considered for any other future position openings, individuals must contact Human Resources.

### GENERAL INFORMATION

Position(s) applying for

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

On what date will you be available for work if selected?

Have you ever been employed by PCI? If yes, list dates and position.

Yes  No

### PERSONAL INFORMATION

Last Name	First Name	Middle Name	Jr., II, etc.
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Mailing Address

City	State	Zip Code
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Daytime Phone	Evening Phone	Additional Phone
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E-mail Address

Driver's License Number	State Issued	Expiration Date	CDL Endorsement
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Do you have any immediate relatives employed by PCI?  Yes  No

If yes, list names and relationship.

**EDUCATION**

Name and Location of School	Number of Years Attended	Did you Graduate?	Major/Minor Field or Course of Study
<b>High School</b> Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Post-secondary/Higher Education</b> Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Post-secondary/Higher Education</b> Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate from high school, did you receive your GED?  Yes  No

If yes, please list name of testing center and date of receipt:

**SKILLS INVENTORY**

Summarize any job related skills you may have that is relevant to the position you are applying for:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any registrations/certifications/licensures that you possess i.e. CPR, LPN, RN, Alabama Peace Officers Certification, etc. that are relevant to the position you are applying for and indicate expiration dates.

\_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE**

Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
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Dates of service	Rank	Type of Discharge
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Special training or experience:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide your complete employment history starting with the most recent. Information must be completed below even if resume is attached. Do not write "see resume", this is considered incomplete. Attach additional sheets as needed.

<b>1.</b>	Company	Telephone Number
Street Address		City/State/Zip
Position	Dates of Employment	
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?	Reason for leaving
Name of Supervisor and his/her title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of work		

<b>2.</b>	Company	Telephone Number
Street Address		City/State/Zip
Position	Dates of Employment	
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?	Reason for leaving
Name of Supervisor and his/her title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of work		

<b>3.</b>	Company	Telephone Number
Street Address		City/State/Zip
Position	Dates of Employment	
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?	Reason for leaving
Name of Supervisor and his/her title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of work		

<b>4.</b>	Company	Telephone Number
Street Address		City/State/Zip
Position	Dates of Employment	
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?	Reason for leaving
Name of Supervisor and his/her title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of work		

**MISCELLANEOUS QUESTIONS**

Check yes or no for each of the following questions. Provide explanation or additional information when necessary. You may use additional sheets if needed.

**INDIAN PREFERENCE** *(If yes is marked for any question relating to Indian preference, appropriate documentation must be attached to the application)*

Are you a member of a federally recognized Tribe?  Yes  No

If yes, identify the Tribe and your roll number.

Are you claiming spouse of a PCI Tribal Member?  Yes  No

Are you claiming 1<sup>st</sup> generation descendant of a PCI Tribal Member?  Yes  No

**GENERAL QUESTIONS**

Do you have the legal right to work in this country?  Yes  No  
*(Proof of U.S. citizenship or immigration status will be required if employed.)*

Are you at least 18 years old?  Yes  No      Are you 21 years old or older?  Yes  No

Are you willing to travel and participate in training?  Yes  No

Are you willing to work odd and irregular hours if required?  Yes  No

**CRIMINAL HISTORY** *(Conviction will not necessarily disqualify an applicant from employment.)*

Have you been convicted of a felony?  Yes  No  
 If yes, please explain.

Have you been convicted of two (2) or more misdemeanors?  Yes  No  
 If yes, please explain.

**REFERENCES**

Please list three (3) persons who are not related to you.

Name and Address	Years Known	Telephone Number

**EMPLOYMENT AUTHORIZATION**  
**AND**  
**ACKNOWLEDGEMENT RELEASE**

I certify that the information I have provided on my application and/or resume are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application, resume, or interview(s) may result in discharge.

I understand that I may be required to submit to test(s), i.e. oral, written, physical, manual, or any combination of these as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Poarch Band of Creek Indians (the Tribe) and to release the Tribe, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I understand that I will be required to submit to a drug test as required by the Tribe's Drug-Free Workplace Policy and Testing Procedures. I agree to submit to such test and authorize the testing facility to provide the results of this test to the Tribe or its agents. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

I authorize investigation of all statements contained in this application/resume and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I authorize the verification of licenses and/or certificates that may be required for the position I am being considered for. By signing below, I grant permission to release information to the Tribe relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by the Tribe, in its sole discretion and without liability, to determine eligibility for initial employment.

I hereby release, discharge, and exonerate all parties from liability for any damages that may result from the release of any information as a part of the employment process.

I understand that this application is valid only for the positions indicated on the application and that incomplete applications will not be considered. I also understand that this application will remain on file for six (6) months.

I am willing that a photocopy or faxed copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

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Printed Applicant Name

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Applicant Signature

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Date

STATE OF \_\_\_\_\_  
\_\_\_\_\_ COUNTY

**AFFIDAVIT**

Before me the undersigned authority personally appeared \_\_\_\_\_, who being first duly sworn, deposes, and says on oath as follows:

- "1. My name is \_\_\_\_\_. I am a member of the Poarch Band of Creek Indians. My roll number is \_\_\_\_\_ and a copy of my tribal identification card is attached.
2. My spouse is \_\_\_\_\_. We were married to each other on \_\_\_\_\_. A copy of our marriage certificate is attached."

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_