



INSTRUCTIONS & INFORMATION REGARDING EMPLOYMENT APPLICATION PROCESS

Human Resources will accept applications for posted positions ONLY. Every applicant must complete an application provided by Human Resources at the Tribal Government Offices. A resume will not be accepted in the place of an application. Each application must contain the specific job title for the position you are applying for, and a separate application must be submitted for each position. Applications can be faxed to 251-368-0811 or e-mailed to Kimberly Rackard (krackard@pci-nsn.gov) or Heather White Rolin (hwhite@pci-nsn.gov).

INCOMPLETE APPLICATIONS

The Poarch Band of Creek Indians will not consider incomplete applications, therefore, please complete the attached application thoroughly by answering all requested information and/or filling in all the blanks. If there is not a response, please mark a line through the space or write N/A. You may attach additional sheets as needed.

LATE APPLICATIONS

All applications must be received in Human Resources by 5:00p.m. on the date of closing. All applications received after 5:00 p.m. will not be considered. The Tribe is not responsible for late receipt of applications due to mail service, facsimile transmission, e-mail delay, or any other problems. Photocopied applications and facsimile applications are accepted.

INDIAN PREFERENCE, SPOUSAL PREFERENCE, OR FIRST GENERATION

In the event more than one applicant meets the requirements, as stated in a job description, preference shall be given in the following order: (1) Tribal Member (2) First Generation Descendant of a Tribal Member (3) Spouse of Tribal Member (4) Indian (5) Non-Indian

In the event that a position of employment is funded in whole or in part by any federal grant and/or contract or other public funding, preference shall be given in the following order: (1) Indian (2) Non-Indian

In order to receive preference, the appropriate documentation must be attached to your application.

COMPLAINTS ABOUT RECRUITMENT PROCESS

Complaints about the recruitment or selection process for employment should be directed in writing to the Human Resources Director of PCI Tribal Government.

An applicant who disagrees with any issue related to the application or hiring process may submit a letter to Human Resources within ten (10) calendar days from the date the applicant knew or should have known that an adverse hiring decision had been made.

Human Resources will provide a written response within fourteen (14) calendar days informing the applicant of any administrative remedy to be provided. The decision of the Human Resources Director shall be final and not subject to further administrative appeal. Any applicant who has exhausted all administrative remedies may be eligible to file a complaint with the TERO Office.

Jason B. Rackard
Human Resources Director
5811 Jack Springs Rd.
Atmore, AL 36502
jrackard@pci-nsn.gov
251-368-9136

Poarch Creek Indians

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



APPLICATION FOR EMPLOYMENT

Human Resources will accept applications for posted positions **ONLY**. You must fully and accurately complete this application for employment and attach all necessary documents. All sections must be completed or application will be considered incomplete. Use NA if question/information is not applicable. Incomplete or illegible applications will not be considered. Applications will only be considered for the positions listed on the application. PLEASE TYPE OR PRINT CLEARLY (BLACK OR BLUE INK).

GENERAL INFORMATION

Position applying for:

Please note: A separate application must be submitted for each position.

Have you ever been employed by PCI?

Yes No

If yes, list dates and position.

If you are a current or former employee, have you received a written disciplinary action or higher within the last year? Yes No If yes, please list circumstances of the disciplinary action.

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Jr., II, etc.

Date of Birth

Social Security Number

Mailing Address

City

State

Zip Code

Daytime Phone

Evening Phone

Additional Phone

E-mail Address

Driver's License Number

State Issued

Expiration Date

CDL Endorsement

Do you have any immediate relatives employed by PCI? Yes No

If yes, list names and relationship.

EDUCATION

| Name and Location of School | Dates Attended | Did you Graduate? | Year of Graduation | Degree Obtained/Field of Study |
|--------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|--------------------|--------------------------------|
| High School Name _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Post-secondary/Higher Education Name _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Post-secondary/Higher Education 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 N/A
 If yes, name of testing site _____ Date of receipt of GED _____

In order to verify your education, please list any other name(s) used during your attendance in high school and college.

LICENSES/CERTIFICATIONS

Please list any registrations/certifications/licensures (CPR, LPN, RN, Alabama Peace Officers Certification, etc.) that you possess that are required and/or relevant to the position you are applying for and indicate the number and expiration dates. (Attach additional sheets(s) if needed.)

Certification/License #1 _____
 Certification/License #2 _____
 Certification/License #3 _____

MILITARY SERVICE

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

Please list special training or experience while in military:

EMPLOYMENT HISTORY

Provide your complete employment history starting with the most recent. Information must be completed below even if resume is attached. Attach additional sheets as needed.

| | | |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| 1. | 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 | | |

| | | |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| 2. | 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 | | |

| | | |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| 3. | 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 | | |

| | | |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| 4. | 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 *(To receive preference, this section must be completed. Appropriate documentation must be attached to the application.)*

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

If yes, please identify the Tribe and your roll number.

Are you claiming 1st generation descendant of a PCI Tribal Member? Yes No

If yes, please list Tribal Member parent's roll number.

Are you claiming spouse PCI Tribal Member? Yes No

If yes, spousal affidavit must be completed and supporting documentation attached.

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

FINANCIAL DISCLOSURE: Do you currently have any financial interest, contractual relationship, or business relationship with the Tribe or any of its entities? Yes No If yes, please explain.

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

*Have you been convicted of a felony? Yes No

If yes, complete the following. Attach additional sheet if necessary.

Date(s) of conviction.

Reason(s) for conviction.

*Have you been convicted of two (2) or more misdemeanors? Yes No

If yes, complete the following. Attach additional sheet if necessary.

Date(s) of conviction.

Reason(s) for conviction.

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 position indicated on the application and that incomplete applications will not be considered.

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.

Applicant Signature

Date

*Printed/typed name will be considered as authorized signature for processing Employment Application.

PLEASE NOTE: Complaints about the recruitment process for employment should be directed in writing to the Human Resources Director of PCI Tribal Government.

STATE OF _____

_____ COUNTY

INDIAN PREFERENCE SPOUSAL 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: _____