



THE DELAWARE NATION

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK)

Date _____

EMPLOYMENT DESIRED

Position(s) Applied For (please be specific)	First Choice Rate of Pay Expected _____	Second Choice Rate of Pay Expected _____
How did you hear about our employment opportunities? <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Relative/Employee <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Radio <input type="checkbox"/> Job _____ <input type="checkbox"/> School/College <input type="checkbox"/> Website <input type="checkbox"/> Newspaper Ad (please specify) _____ <input type="checkbox"/> Other _____		
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date Available To Start _____/_____/_____	
Are there any restrictions on the hours or days of the week you can work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you lawfully eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, proof of citizenship or immigration status will be required.	
Are you willing to work after hours or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____		

PERSONAL INFORMATION

Full Name _____ Last First Middle	
Social Security No. _____ - _____ - _____	How long at current address? _____
Current Address _____ Street City State Zip	
Home Phone _____ - _____ - _____	Contact Phone _____ - _____ - _____ Email _____
Previous Address _____	How long at previous address? _____
Have you ever applied for employment with The Delaware Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, when? ____/____/____	
Have you ever been employed by The Delaware Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, from ____/____/____ to ____/____/____	
Position: _____ What was the reason for leaving? _____	
Are there any other names under which your employment or educational records, and other information may be verified? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please list _____	
List any friends or relatives working for us _____	
Have you ever been convicted of a felony or misdemeanor? If so, are you on supervised or unsupervised probation? Do you have any pending criminal charges against you? NOTE: A yes answer may not disqualify you for employment. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____	
If hired, do you have reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the position desired requires operating a vehicle, please provide the following: License Type: <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Commercial	
Driver's License # _____ Expiration ____/____/____ Can you operate <input type="checkbox"/> Automatic <input type="checkbox"/> Standard	

EMPLOYMENT HISTORY			BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
	MOST RECENT EMPLOYER NAME			
	ADDRESS			
	CITY, STATE, ZIP ()			
	CONTACT PHONE		POSITION TITLE	SALARY HISTORY STARTS _____ ENDS _____
	SUPERVISOR'S NAME & TITLE		DATES OF EMPLOYMENT FROM: _____ / _____ / _____ TO: _____ / _____ / _____	
REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

EMPLOYMENT HISTORY			BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
	MOST RECENT EMPLOYER NAME			
	ADDRESS			
	CITY, STATE, ZIP ()			
	CONTACT PHONE		POSITION TITLE	SALARY HISTORY STARTS _____ ENDS _____
	SUPERVISOR'S NAME & TITLE		DATES OF EMPLOYMENT FROM: _____ / _____ / _____ TO: _____ / _____ / _____	
REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

EMPLOYMENT HISTORY			BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
	MOST RECENT EMPLOYER NAME			
	ADDRESS			
	CITY, STATE, ZIP ()			
	CONTACT PHONE		POSITION TITLE	SALARY HISTORY STARTS _____ ENDS _____
	SUPERVISOR'S NAME & TITLE		DATES OF EMPLOYMENT FROM: _____ / _____ / _____ TO: _____ / _____ / _____	
REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

Full Name _____
 Last First Middle
 Current Address _____
 Street City State Zip
 Home Phone _____ - _____ - _____ Contact Phone _____ - _____ - _____ Email _____

NATIVE AMERICAN PREFERENCE

The Delaware Nation recognizes Native American Preference, as allowed by Federal Law. As such, to applicants requesting Native American Preference must be provided the following information and documentation:

- ☐ A) Yes, I am requesting Native American Preference and I understand that I must complete this form and provide the documentation requested.
☐ B) No, I am not requesting Native American Preference.
☐ C) Enrolled Tribe/Nation/Band _____
☐ D) Enrollment Number _____
☐ E) State in which Tribe is Headquartered _____
☐ F) Blood Quantum _____

You will also need to provide a copy of file certificate of Indian Blood (CDIB) or other tribal documentation to show proof of your Native American status.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

DIPLOMA RECEIVED: ☐ HIGH SCHOOL ☐ GED ☐ Actively enrolled in GED program ☐ Degree

NAME OF HIGH SCHOOL: _____

List Junior College(s)/Technical School(s) or University(ies) attended:

School, City and State	Major	Degree	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List three (3) personal references who are NOT relatives or former employers
 (providing this information means that you give The Delaware Nation permission to contact the references listed)

NAME	ADDRESS	CONTACT PHONE
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

BRANCH OF SERVICE	WHEN FROM: ____ / ____ / ____ TO ____ / ____ / ____
RELEASE TYPE	CURRENT STATUS
JOB-RELATED TRAINING	

List any specialized training, job-related skills and qualifications from employment or other experience:

List any professional, technical, occupational licenses or certificates
 (You may exclude organizations that indicate race, color, religion, national origin, age, disability, political persuasion or affiliation):

The Delaware Nation is an Equal Opportunity Employer committed to a drug-free workplace and does not discriminate in hiring or employment on the basis of race, religion, color, national origin, sex, age or qualified disability. No question on this application is intended to secure information to be used for such discrimination. You may attach a resume, but **ALL SPACES MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**

AUTHORIZATION AND AGREEMENT

Applicant: Please Read the Following Carefully Before Signing

I certify that the information I have provided on this application is true and correct and that I have not knowingly withheld any facts, which might, if disclosed, affect my application unfavorably. I understand that falsification or omission of any information on this form or any other document submitted as part of the employment screening process is grounds for disqualification from further consideration or for dismissal from employment.

Employment At-Will - In consideration of my potential employment, I agree to conform to the rules and policies of The Delaware Nation. I understand that such rules are not contractual and that The Delaware Nation retains the sole right to change existing rules or elect new rules at any time. I understand and agree that employment with The Delaware Nation is on an at-will basis and that, if employed, both The Delaware Nation and I have the right to terminate my employment at any time or without cause and with or without notice. I also understand that The Delaware Nation retains the sole right to change job assignments and work schedule whenever it deems fitting.

References - The Delaware Nation may verify any of the information I provide. I hereby authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment history unless I have stated otherwise on this application. I hereby release all such persons from liability or damages as a result of the furnishings of this information to The Delaware Nation.

Liability Insurance - I understand that offers of employment for positions in field or transportation are contingent upon approval of an Automobile Liability Affidavit.

Employment Eligibility - The Immigrating Reform and Control Act of 1986 requires that after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon The Delaware Nation's ability to verify this necessary information. I understand that this application will be given every consideration, but is not a guarantee of employment. I also understand that if an offer of employment is made and accepted, The Delaware Nation reserves that right to make any changes in the terms and condition of employment which it deems appropriate.

Privacy Notice and Notice Regarding False Statements - In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the following application forms is authorized by 25 U.S.C. 2701 et seq. The purpose of the request information is to determine the eligibility of individuals to be employed at The Delaware Nation. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies, when relevant to civil, criminal, regulatory investigations or prosecutions, or when pursuant to a requirement by a tribe, in connection with the hiring or firing of an employee. Failure to consent of the disclosures indicated in this notice will result in the Delaware Nation being unable to hire you in a primary management official/key employee position.

The disclosure of your Social Secure Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. **A false statement on any part of your application may be grounds for not hiring you or for firing you after you begin work. Also, you may be punished by fine and/or imprisonment (U.S. Code, Title 18, Section 1001).**

Applicant Signature

Date

This application shall be considered active for a period of 1 year. After that time, this application will be destroyed. Due to the large number of applications received, The Delaware Nation may not be able to give each applicant a personal response.

Thank You for completing this application form and for your interest in employment with The Delaware Nation.

MANAGEMENT USE ONLY

First Position Interview	Second Position Interview	Third Position Interview
Interview Date: _____	Interview Date: _____	Interview Date: _____
Position: _____	Position: _____	Position: _____
Dept: _____	Dept: _____	Dept: _____
Interviewed By: _____	Interviewed By: _____	Interviewed By: _____
Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____	Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____	Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____
\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year

Please attach resume if applicable and return to Human Resources