



## THE KICKAPOO TRADITIONAL TRIBE OF TEXAS EMPLOYMENT APPLICATION

Human Resource Services  
2212 Rosita Valley Rd  
Eagle Pass, TX 78852  
Phone : (830) 773-2105

**INSTRUCTIONS:** Answer all questions completely and honestly in the spaces provided. A resume will **NOT** be accepted in lieu of an application. Failure to complete the Employment Application may invalidate it for review. Falsification of any information will void the Employment Application. Employment Applications may be submitted in person or by mail to the address indicated above.

<b>Date of Application</b>	<b>Position(s) Desired</b>
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PRINT NAME	Last	First	Middle	Email Address	
MAILING ADDRESS	Number and Street	City	State	Zip	Telephone Number
Full-Time <input type="checkbox"/>	Minimum salary required		When could you start?	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Part-Time <input type="checkbox"/>					
If hired, are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you currently or have you ever been an employee of Kickapoo Traditional Tribe of Texas? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Department Name		
Are you of Native American descent? Yes <input type="checkbox"/> No <input type="checkbox"/> List Affiliation & Enrollment# _____					
Are you related by kinship or marriage to any current employee of Kickapoo Traditional Tribe of Texas? Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> , give <b>NAME</b> and <b>RELATIONSHIP</b> :					

<b>EDUCATION</b> Do you have a High School diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Higher Education	(Name of school and address)	Did you graduate?	Hours of Credit	Type of Degree	Major
List Professional and/or Technical licenses, certifications, or registrations related to the job for which you are applying.					



## EMPLOYMENT EXPERIENCE

**Current or Most Recent Position**

**May we contact your current employer? Yes  No**

Employer's Name				Address			
Supervisor's Name, Title and Telephone Number				Reason for Leaving			
From		To		Title(s) and Duties			
Month	Year	Month	Year				
Starting Salary \$ _____ monthly		Ending Salary \$ _____ monthly		Employees Supervised Yes <input type="checkbox"/> How many? ____ No <input type="checkbox"/>			
Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>					

Employer's Name				Address			
Supervisor's Name, Title and Telephone Number				Reason for Leaving			
From		To		Title(s) and Duties			
Month	Year	Month	Year				
Starting Salary \$ _____ monthly		Ending Salary \$ _____ monthly		Employees Supervised Yes <input type="checkbox"/> How many? ____ No <input type="checkbox"/>			
Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>					

Employer's Name				Address			
Supervisor's Name, Title and Telephone Number				Reason for Leaving			
From		To		Title(s) and Duties			
Month	Year	Month	Year				
Starting Salary \$ _____ monthly		Ending Salary \$ _____ monthly		Employees Supervised Yes <input type="checkbox"/> How many? ____ No <input type="checkbox"/>			
Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>					

Employer's Name				Address			
Supervisor's Name, Title and Telephone Number				Reason for Leaving			
From		To		Title(s) and Duties			
Month	Year	Month	Year				
Starting Salary \$ _____ monthly		Ending Salary \$ _____ monthly		Employees Supervised Yes <input type="checkbox"/> How many? ____ No <input type="checkbox"/>			
Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>					

**ASK FOR ADDITIONAL SHEETS IF YOU NEED TO LIST OTHER EXPERIENCE**



### SPECIAL SKILLS, KNOWLEDGE, AND ABILITIES

Be specific in listing your special skills. List machines or office equipment you can use such as calculators, printing or graphics equipment, computer equipment, types of software, hardware, programming languages, etc. related to the job for which you are applying.

- |   |  |
|---|--|
| <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Natural Programming                 |
| <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Graphics software                   |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Desktop Publishing Software         |
| <input type="checkbox"/> Microsoft Access     | <input type="checkbox"/> Database design                     |
| <input type="checkbox"/> WordPerfect          | <input type="checkbox"/> Systems analysis or design          |
| <input type="checkbox"/> IBM/Compatible PC    | <input type="checkbox"/> Network installation/administration |
| <input type="checkbox"/> Macintosh PC         |  |

#### Driver License

Valid commercial license.  
State? \_\_\_\_\_

Valid operator license.  
State? \_\_\_\_\_

#### Foreign Languages Reading Speaking Fluency

Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others, specify: \_\_\_\_\_

Other: \_\_\_\_\_

### PROFESSIONAL REFERENCES

Give name, address, and telephone number of three (3) professional references that are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

### CRIMINAL BACKGROUND HISTORY

Have you ever been convicted of a crime or remanded to deferred adjudication other than a minor traffic violation? Yes  No

If YES, give details below.

Failure to complete this part of the Employment Application will void the Employment Application and any actions based on it.

#### CONVICTION IS NOT AUTOMATIC BAR TO EMPLOYMENT – CIRCUMSTANCES WILL BE CONSIDERED

Date of Conviction Month/Year	Location of Conviction City, State	Mark Appropriate Box		Nature of Conviction (Do not use abbreviations)
		Misdemeanor	Felony	



### **For Head Start & Daycare Positions:**

Employment will require successful completion of a post-offer/pre-employment physical exam, T.B. skin test showing absence of Tuberculosis and a criminal background investigation check at employee's expense within two weeks of employment. The agency also requires a declaration statement from the prospective employee prior to employment which lists all pending and prior criminal arrest and charges related to child sexual abuse and their disposition, convictions related to other forms of child abuse and neglect, and all convictions of violent felonies. Employment is also subject to a 90 day introductory period to monitor employee performance and to allow time to act on the results of the criminal record checks. If hired, the prospective employee must present documentation within three days of hire date to establish their identity and employment eligibility as required by Immigration and Naturalization Services. Employee must be able to travel. Must be able to operate a licensed motor vehicle, have access to a dependable motor vehicle, and possess a valid state driver's license. Must have and maintain a satisfactory driver's record. Employees working with children must be able to lift 40 lbs. and must be able to bend, stoop, and move swiftly.

If requested, reasonable accommodations will be made for persons with disabilities for any part of the employment process in accordance with the American with Disabilities Act of 1990.

**The Kickapoo Traditional Tribe of Texas (KTTT) does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or sexual orientation in employment or the provision of services. The information on the application, together with any attachments, is the property of KTTT.**

**I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application will be considered sufficient cause for rejection of this application or for dismissal if such false statement is discovered after my employment. I authorize and release the Kickapoo Traditional Tribe of Texas from any liability pertaining to investigation of my former employment, education, references, criminal background check, and driving record. I understand that if appointed, the initial appointment is contingent upon the satisfactory completion of required background checks. I understand that any offer is contingent upon my agreement to abide by the rules and regulations of the Kickapoo Traditional Tribe of Texas. In addition, I acknowledge the above notices.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**



# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at Kickapoo Traditional Tribe of Texas, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by Kickapoo Traditional Tribe of Texas or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Kickapoo Traditional Tribe of Texas. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

**The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.**

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Please print other names you have used (maiden name, surname, alias name).

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

**A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:**

Sex: \_\_\_Male \_\_\_ Female Race: \_\_\_Asian \_\_\_ Black or African American \_\_\_ White \_\_\_ Hispanic or Latino \_\_\_ Other

\_\_\_\_\_  
Driver's License Number State Issuing License Name as it appears on license.

**I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.**

\_\_\_\_\_  
Signature Today's Date