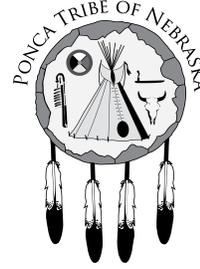


Employment Application



Ponca Tribe of Nebraska
 Human Resource Department
 1701 "E" Street
 Lincoln, NE 68508
 Phone: 402-438-9222
 Fax: 402-438-0161
 www.poncatribes-ne.org

Application Date: _____

Positions Applying for: _____

1st choice: _____

2nd choice: _____

PERSONAL BACKGROUND

Full Name: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Do you have a drivers license? yes no State: _____ Driver's License #: _____ Expiration Date: _____

Have you had any auto accidents in the past 5 years? yes no How many? _____ (Convictions, accidents, and moving violations will not necessarily disqualify an applicant.)

Do you had any moving violations in the past 5 years? yes no How many? _____

Have you been convicted of a felony or misdemeanor within the last 7 years? yes no

If yes, please explain & list if felony or misd. _____

Can you travel if job requires it? yes no Would you be willing to relocate? yes no

Are you willing to take a pre-employment drug test? yes no

Enrolled member of a tribe? yes no What Tribe: _____ Tribal ID #: _____

Have you been previously employed by the Ponca Tribe of Nebraska? yes no If yes, list dates: _____

If yes, are you eligible for rehire? yes no do not know

Do you currently have any immediate family employed with the tribe? yes no If yes, who? _____

The Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) requires covered federal government contractors and subcontractors to take affirmative action to employ and advance in employment specified categories of veterans protected by the Act and prohibits discrimination against such veterans. You may volunteer this information.

Veteran? yes no Branch: _____ Discharge Date: _____ Type of Discharge: _____

Section 503 of the Rehabilitation Act of 1973 prohibits discrimination and requires employers with federal contracts or subcontracts that exceed \$10,000 to take affirmative action to hire, retain, and promote qualified individuals with disabilities. You may volunteer this information.

Handicapped? yes no Type of Handicap: _____

EDUCATION

Type of School	Name of School and Complete Mailing Address	No. Years Completed or Completion Date	Major/Degree GED or Diploma	Check if Complete
High School/Equivalency				<input type="checkbox"/>
Undergraduate College				<input type="checkbox"/>
Graduate Professional College				<input type="checkbox"/>
Other Certifications (Specify)				<input type="checkbox"/>

Describe any specialized training, certifications, apprenticeship, and or additional skills:

Computer Experience:

Typing Experience:

PREVIOUS EMPLOYMENT

1. Name of Employer: _____ Last job title: _____

Complete Address: _____

Phone Number: _____ Supervisor's Name/Title: _____

Dates of employment: _____ Salary: _____
From: _____ To: _____ From: _____ To: _____

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2. Name of Employer: _____ Last job title: _____

Complete Address: _____

Phone Number: _____ Supervisor's Name/Title: _____

Dates of employment: _____ Salary: _____
From: _____ To: _____ From: _____ To: _____

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3. Name of Employer: _____ Last job title: _____

Complete Address: _____

Phone Number: _____ Supervisor's Name/Title: _____

Dates of employment: _____ Salary: _____
From: _____ To: _____ From: _____ To: _____

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Where did you see this job posting?

PLEASE SUBMIT ANY INFORMATION REQUESTED ON THE JOB ADVERTISEMENT.

I certify that this application contains full, complete and accurate information concerning my qualifications for employment with the Ponca Tribe of Nebraska.

I grant permission for the Authorities of the Ponca Tribe of Nebraska to conduct a criminal investigation, Adult and Child Central Register, motor vehicle check and to confidentially contact previous and current employers and character references.

I release the Ponca Tribe of Nebraska from any and all liabilities resulting from such investigations.

I understand that if any of the statements made by me on this application are false or if I receive an unfavorable reference / background investigation check, this will be sufficient grounds for rejection of my application or removal from employment.

SIGNATURE OF APPLICANT

DATE

As per HRM Policy and Procedures, your application will be kept on file in the Human Resource Management Office for a period of three (3) months.

RESUMES WILL BE ACCEPTED ONLY AS SUPPLEMENTAL INFORMATION TO THE APPLICATION FORM.

**Declaration for Federal Employment
Indian Health Service**

Full Name: _____ **Social Security Number:** _____

BACKGROUND INFORMATION

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal Child Care positions have applicants sign a receipt of notice that a criminal record will be conducted.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-603, requires a criminal record check for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children.

I certify that my response to this question is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my rights to challenge the accuracy and completeness of any information contained in the report.

1. Have you ever been arrested for or charged with a Crime involving a child? If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved. **yes** **no**

If yes: _____

2. Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact, or prostitution, or crimes against persons? If "YES" provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved. **yes** **no**

If yes: _____

SIGNATURE OF APPLICANT

DATE

RELEASE AUTHORIZATION
Applicant Complete the Following

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, court record, education, credentials, credit, and references.
2. 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 laws. 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 which provided the information.
3. 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 including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this line _____
The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Maximum Reports, Inc. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposed when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name: _____

Please print other names that you have used. _____

Home Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Email Address:** _____

Social Security Number: _____ **Date of Birth:** _____

Driver's License #: _____ **State it was Issued:** _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, OR, IN, TX, WI.

Name as it appears on license: _____

SIGNATURE OF APPLICANT

DATE



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx .

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
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APPLICANT INFORMATION

First	Middle	Last Name
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Date of Birth	Age	Social Security Number
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Current Address

City	State	Zip Code
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Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:
 - a. Date of the alleged child abuse or neglect; and
 - b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:
 - a. Date of the alleged adult abuse or neglect; and
 - b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant

Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF _____)
 COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed Name of Applicant) .

Affix Official Notary seal here

Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee

Date

Printed Name of Organization Employee

Signature of Applicant's Legal Guardian

Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____)
 COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here

Notary Public