



COMANCHE NATION EMPLOYMENT APPLICATION

Applicant Information	
Position Applied for: _____	Secondary Interest: _____

Full Name: _____ Date: _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address: _____		
<i>Street Address</i>	<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
()	()	
<i>Phone</i>	<i>Cell</i>	<i>E-Mail</i>
<i>Driver's License #</i>		<i>State Issued</i>

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

Tribal Affiliation: _____ Enrollment No. _____ Blood Quantum _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Prior employment with the Comanche Nation? YES NO If yes, When: _____ Department: _____

Have you ever been convicted of a felony? YES NO

Education					
High School:	Diploma/GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course of Study	
College:	Degree?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course of Study	
Other	Certification(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course of Study	

Professional References			
Full Name:	Relationship:		
Company:	Phone:	()	
Full Name:	Relationship:		
Company:	Phone:	()	
Full Name:	Relationship:		
Company:	Phone:	()	

Previous Employment

Company:		Job Title:		Phone:	()
From:		To:		Starting Salary:	
				Ending Salary:	
Responsibilities:				Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Supervisor:	
Company:		Job Title:		Phone:	()
From:		To:		Starting Salary:	
				Ending Salary:	
Responsibilities:				Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Supervisor:	
Company:		Job Title:		Phone:	()
From:		To:		Starting Salary:	
				Ending Salary:	
Responsibilities:				Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Supervisor:	

Disclaimer and Signature

I certify that all information that I have provided in order to apply for and secure work with the Comanche Nation is true, complete, and accurate. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause for (1) cancel further consideration of this application, or (2) immediately discharge me from the Comanche Nation employment, whenever it is discovered.

I expressly authorized without reservation, the Comanche Nation, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions, to otherwise verify accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claim I may have regarding the employer its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Comanche Nation has a non-discriminatory employment opportunity policy. The Comanche Nation will not discriminate against any employee or candidate for employment because of sex, age, race, creed, or national origin, except when required by specific program guidelines.

This application does not constitute an agreement or contract of employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express languages are valid unless they are in writing and signed by the Comanche Nation Tribal Administrator.

I also understand that if I am hired, I will be required to provide proof of identity, CDIB, and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I also understand I will be required upon request to submit to a background check and drug testing, and if any results are positive, my employment with the Comanche Nation will be immediately terminated, without prior notice. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL.

Signature:

Date: