

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



DATE _____

65490 EAST 240 ROAD
Grove, OK 74344
HR Phone: 918-791-6037
Fax: 918-787-6804

APPLICATION FOR EMPLOYMENT
EMPLOYMENT DRUG TESTING REQUIRED

PERSONAL INFORMATION

PLEASE COMPLETE PAGES 1-5

Social Security Number: _____

Name: _____
Last First Middle Maiden

Present address: _____
Number Street City State Zip

Telephone: _____ E-mail Address: _____

Alternate Contact: _____ Phone Number: _____

Seneca-Cayuga Tribal Member Seneca-Cayuga Tribal Member Spouse Other Tribal Affiliation _____

If under 18, please list age: _____ Are you authorized to work in the Unites States? _____

Position applied for: _____ Salary Desired: _____ (per hr / yr)

Employment Desired: FULL-TIME ONLY PART-TIME ONLY FULL-OR PART-TIME

Shift You Are Available: Any Day Evening Night Rotating Weekends

Desired Work Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you willing to accept employment which requires you to travel? Yes No

When will you be available for work? _____



SENECA-CAYUGA TOBACCO COMPANY

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Are you able to perform the essential functions of the position in which you are applying for? Yes No

What is your means of transportation to work? _____

Do you hold a valid driver's license? Yes No

If yes, give type, expiration date and number: _____

Has your license been revoked or suspended in the last 3 years? Yes No

If yes, give year and reason: _____

Have you been discharged or asked to resign in the last 12 months? Yes No

If yes, why? _____

Have you ever been convicted or plead to a felony, or are currently charged with the commission of a felony?

Yes No If yes, why and when? _____

EDUCATION	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	GRADUATED	DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Typing: Yes No Words Per Minute: _____ 10 Key: Yes No



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LIST YOUR SPECIAL SKILLS, below include any activities, experiences, achievements and/or qualifications which are relevant to this application for employment.

WORK EXPERIENCE - Starting with the most recent, please list your work history for the **past five years** beginning with your most recent job held.

Name of Employer:		
Address:		
Phone Number:		
Supervisor:		
Employment Dates:	From:	To:
Pay or Salary:	Start:	Final:
Your Last Job Title:		
Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of Employer:		
Address:		
Phone Number:		
Supervisor:		
Employment Dates:	From:	To:
Pay or Salary:	Start:	Final:
Your Last Job Title:		
Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Name of Employer:
 Address:
 Phone Number:
 Supervisor:
 Employment Dates: From: To:
 Pay or Salary: Start: Final:
 Your Last Job Title:
 Reason for Leaving:
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

MILITARY Have you ever been in the armed forces? Yes No

Are you a member of the National Guard? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

REFERENCES - Please list three references other than relatives or previous employers.

Name	Position	Company	Email Address	Phone Number



SENECA-CAYUGA TOBACCO COMPANY

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

It is the policy of the Seneca-Cayuga Tobacco Company that the new hire preference is given to enrolled members of the Seneca-Cayuga Nation, then spouses of the Seneca-Cayuga Nation Tribal members, other recognized tribes and then those not enrolled in any Native American Tribe. A Certificate of Degree of Indian Blood which certifies tribal enrollment shall evidence eligibility for preference.

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of acts called for in this application or during the interview may result in rejection of my application or immediate discharge at any time during my employment. I understand that employment may be contingent upon, but not limited to, receipt of satisfactory references, an employment physical, license verification, results of a satisfactory drug screening, criminal history, motor vehicle records, and proof of identity and authorization to work in the United States.

In consideration of my employment, I agree to conform to the rules and regulations for Seneca-Cayuga Tobacco Company and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of Seneca-Cayuga Tobacco Company or myself. I understand that only the General Manager and Assistant General Manager, as a representative of Seneca-Cayuga Tobacco Company has any authority to enter into any agreement for employment for any specified period, and to make any agreement contrary to the foregoing.

I understand that the use of illegal drugs is prohibited during employment. I consent to submit to a Drug Screening Test for illegal drugs, including Urine Screening Test, to determine the presence of illegal drugs.

Applicant's Signature _____ Date _____