



Poarch Band of Creek Indians

Advanced Career Development Program Application

Applicant Information

Full Name: _____ D/O/B: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security Number: _____

Department applied for: _____

Are you a Tribal Member of the Poarch Band of Creek Indians? YES NO If yes, what is your roll number? _____

Are you a First Generation Descendant? YES NO If yes, letter must be submitted with application

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Current GPA: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

EMPLOYMENT AUTHORIZATION AND ACKNOWLEDGEMENT RELEASE

I certify that the information I have provided on my application and/or resume are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application, resume, or interview(s) may result in discharge.

I understand that I may be required to submit to test(s), i.e. oral, written, physical, manual, or any combination of these as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time designated by the Poarch Band of Creek Indians (the Tribe) and to release the Tribe, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I understand that I will be required to submit to a drug test as required by the Tribe’s Drug-Free Workplace Policy and Testing Procedures. I agree to submit to such test and authorize the testing facility to provide the results of this test to the Tribe or its agents. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

I authorize investigation of all statements contained in this application/resume and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I authorize the verification of licenses and/or certificates that may be required for the position I am being considered for. By signing below, I grant permission to release information to the Tribe relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by the Tribe, in its sole discretion and without liability, to determine eligibility for initial employment.

I hereby release, discharge, and exonerate all parties from liability for any damages that may result from the release of any information as a part of the employment process.

I understand that this application is valid only for the position indicated on the application and that incomplete applications will not be considered.

I am willing that a photocopy or faxed copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Signature: _____ Date: _____