

Please read before completing this application for employment.

WTE is an Equal Opportunity (EO) Employer and is committed to equal opportunity for all candidates for employment and employees. Where federal, state or local laws contain mandatory requirements that differ from the provisions of this section, such legal requirements prevail for employees working in affected locations.

In furthering its commitment to provide equal opportunities, it is WTE's policy to prohibit unlawful discrimination or harassment in any employment decision or in the administration of any personnel policy because of race, color, creed, religion, national origin, citizenship, sex, age, physical or mental disability, marital status, personal appearance, pregnancy, political affiliations, sexual preference or orientation, gender identity or expression, or any other characteristic protected by federal, state or local EO laws and regulations.

Please answer all questions fully and avoid "see resume" as a response.

PERSONAL INFORMATION

DATE OF APPLICATION: _____

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
IN ORDER TO ALLOW US TO ADEQUATELY CHECK YOUR EMPLOYMENT OR EDUCATIONAL HISTORY, PLEASE STATE ANY OTHER NAME(S) UNDER WHICH YOU MAY HAVE BEEN EMPLOYED OR ATTENDED SCHOOL:					
CURRENT ADDRESS:					
CITY:			STATE:		ZIP CODE:
CURRENT HOME TELEPHONE:			BUSINESS TELEPHONE:		
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE):					
CITY:			STATE:		ZIP CODE:
PERMANENT HOME TELEPHONE (IF DIFFERENT FROM ABOVE):					
SOCIAL SECURITY NUMBER:					
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE GIVE DATE OF BIRTH AND INDICATE WHETHER YOU CAN PROVIDE A CERTIFICATE OF AGE FROM THE TEXAS WORKFORCE COMMISSION UPON HIRE.					
DATE OF BIRTH:			CERTIFICATE OF AGE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION DESIRED:					
TYPE OF WORK DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER INTERN					
HOW WERE YOU REFERRED FOR THIS POSITION?					
DATE AVAILABLE FOR EMPLOYMENT:					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE GIVE THE DATE, NATURE AND JURISDICTION OF THE CONVICTION, THE PUNISHMENT, AND ANY EXPLANATION YOU CARE TO OFFER FOR CONSIDERATION:					
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
(IF HIRED, YOU WILL BE ASKED TO FURNISH DOCUMENTS TO ESTABLISH IDENTITY AND ELIGIBILITY TO WORK IN THE U.S. WITHIN 3 DAYS OF EMPLOYMENT DATE)					
CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION:

NAME OF SCHOOL & LOCATION (CITY & STATE)	DID YOU GRADUATE?	MAJOR	DEGREE	OVERALL G.P.A.
HIGH SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL/VOCATIONAL SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE/UNIVERSITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
GRADUATE SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST YOUR PROFESSIONAL STUDIES, LICENSES/CERTIFICATIONS, MEMBERSHIPS, DESIGNATIONS OR OTHER ACTIVITIES WHICH YOU FEEL WE SHOULD CONSIDER IN YOUR APPLICATION FOR EMPLOYMENT:

LIST YOUR COLLEGE, POST HIGH SCHOOL HONORS, DISTINCTIONS OR ACTIVITIES WHICH YOU FEEL WE SHOULD KNOW ABOUT WHEN CONSIDERING YOUR APPLICATION:

LIST ANY INTERNSHIPS OR CO-OP JOBS WHICH YOU FEEL WE SHOULD CONSIDER WITH YOUR APPLICATION:

COMPUTER EXPERIENCE

SOFTWARE PROGRAM/PLATFORM (MAC OR PC)	PROFICIENCY	YEAR LAST USED
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

EMPLOYMENT HISTORY

List your current or most recent employer first (include active and reserve military duty). You may include any verifiable work performed on a volunteer basis. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

MAY WE CONTACT YOUR CURRENT EMPLOYER? EMPLOYED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT PRESENTLY EMPLOYED
CURRENT OR MOST RECENT EMPLOYER:			
TELEPHONE: () -	SUPERVISOR/TITLE:		
CITY:	STATE:		
EMPLOYMENT DATE:	TERMINATION DATE:		
STARTING POSITION:	STARTING SALARY:		
ENDING POSITION:	ENDING SALARY:		
REASON FOR LEAVING:			
DESCRIBE WORK RESPONSIBILITIES:			

FORMER EMPLOYER:			
TELEPHONE: () -	SUPERVISOR/TITLE:		
CITY:	STATE:		
EMPLOYMENT DATE:	TERMINATION DATE:		
STARTING POSITION:	STARTING SALARY:		
ENDING POSITION:	ENDING SALARY:		
REASON FOR LEAVING:			
DESCRIBE WORK RESPONSIBILITIES:			

FORMER EMPLOYER:			
TELEPHONE: () -	SUPERVISOR/TITLE:		
CITY:	STATE:		
EMPLOYMENT DATE:	TERMINATION DATE:		
STARTING POSITION:	STARTING SALARY:		
ENDING POSITION:	ENDING SALARY:		
REASON FOR LEAVING:			
DESCRIBE WORK RESPONSIBILITIES:			

FORMER EMPLOYER:			
TELEPHONE: () -	SUPERVISOR/TITLE:		
CITY:	STATE:		
EMPLOYMENT DATE:	TERMINATION DATE:		
STARTING POSITION:	STARTING SALARY:		
ENDING POSITION:	ENDING SALARY:		
REASON FOR LEAVING:			
DESCRIBE WORK RESPONSIBILITIES:			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (You may exclude memberships which would reveal race, sex, religion, national origin, age, ancestry, handicap or other protected status).

HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

REFERENCES:

NAME	RELATION	TELEPHONE
------	----------	-----------

APPLICANT AUTHORIZATION: READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

“I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize Wichita Tribal Enterprises, LLC to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree that Wichita Tribal Enterprises, LLC and the people contacted by Wichita Tribal Enterprises, LLC in investigating the information contained in this application shall not be liable if an employment offer is not made, is withdrawn, or if my employment is terminated as the result of such investigation.”

INITIALS

“I agree to immediately notify the company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired.”

INITIALS

“I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, I give permission for a complete employment physical. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.”

INITIALS

“I agree that withholding pertinent information or submitting false information in connection with this application for employment may result in revocation of any employment offer or in termination of employment and loss of all employee benefits and privileges.”

INITIALS

“I hereby understand that, unless otherwise defined by applicable law, any employment relationship with Wichita Tribal Enterprises, LLC is of an “at will” nature and may be terminated by the employee or Wichita Tribal Enterprises, at any time, with or without cause and with or without notice.”

INITIALS

“I understand that the acceptance of this application by Wichita Tribal Enterprises, LLC neither expresses nor implies that I will be offered employment.”

INITIALS

“I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.”

INITIALS

PRE-EMPLOYMENT DOCUMENTS: “If offered employment, I understand that I will be required to review, complete and execute various employment documents, and agree that I will not be employed until all employment documents have been signed.”

INITIALS

APPLICANT NAME (PRINTED) _____

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

