

Confidential Applicant Data Form

Dear Applicant:

Choctaw Management Services Enterprise thanks you for your employment application. We request that you also complete and return the form below to the San Antonio Program Management Office at 2161 NW Military Hwy. Suite 308, San Antonio, TX 78213.

Federal and state guidelines require statistical analysis of our applicants. We assure you that the information contained on this form is confidential. Refusal to provide the information will not subject you to any adverse treatment. The form will be retained in the Program Management office for statistical purposes only and will not be used as a basis for any employment decision.

We appreciate your cooperation and thoroughness in completing this form.

Leigh Rapier
Senior Human Resources Manager



A. Social Security Number : - -

B. Name : _____

C. Sex : M F

D. Ethnic Group :

<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian / Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Native American / Alaskan
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic

E. Date of Birth : Month _____ Day _____ Year _____

F. Veteran Status : Yes No

G. Vietnam Era Veteran : In accordance with the Vietnam Era Veterans Readjustment Act of 1974, a Vietnam Era Veteran entitled to affirmative action consideration is a person who served during the period August 5, 1964 to May 7, 1975 with 181 days of active service and who applied for employment within 48 months of separation from service. Are you a Vietnam Era Veteran? Yes No

H. How did you learn about this job?

<input type="checkbox"/> Current employee	<input type="checkbox"/> ChoctawArchiving.com
<input type="checkbox"/> Newspaper	<input type="checkbox"/> America's Job Bank website
<input type="checkbox"/> Other	<input type="checkbox"/> CMSE.net

IV. Employment History

List below your last three employers, starting with the most recent. Please specify any other names worked under.

Date: (Month & Year) From: _____ To: _____

Employer: _____ Starting Salary: _____

Address: _____ Final Salary: _____

Street & Number City State Zip

Name of immediate supervisor: _____ Telephone: () _____

Full description of work and position held: _____

Reason for leaving: _____

May we contact your present employer? Yes No

Reference Check: _____

(For Personnel Dept. Use Only)

Date: (Month & Year) From: _____ To: _____

Employer: _____ Starting Salary: _____

Address: _____ Final Salary: _____

Street & Number City State Zip

Name of immediate supervisor: _____ Telephone: () _____

Full description of work and position held: _____

Reason for leaving: _____

May we contact your past employer? Yes No

Reference Check: _____

(For Personnel Dept. Use Only)

Date: (Month & Year) From: _____ To: _____

Employer: _____ Starting Salary: _____

Address: _____ Final Salary: _____

Street & Number City State Zip

Name of immediate supervisor: _____ Telephone: () _____

Full description of work and position held: _____

Reason for leaving: _____

May we contact your past employer? Yes No

Reference Check: _____

(For Personnel Dept. Use Only)

V. Education, Training, and Registration

Please furnish all education and training which you believe qualifies you for the position you are seeking:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE YEAR COMPLETED	DEGREE OR LICENSE AWARDED
HIGH SCHOOL OR GED			1 2 3 4	DIPLOMA / GED <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE, TECHNICAL, OR PROFESSIONAL SCHOOL			1 2 3 4	DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date: _____
OTHER			1 2 3 4	

Special skills you possess and machines/equipment you can use (i.e. transcriber, adding machine, computer) relating to the position you are seeking: _____

Computer software Proficiency: Word For Windows Excel Lotus Graphics

Approximate number of words per minute: Electric Typewriter: _____ Shorthand: _____

Were you in the Armed Services: Yes No Dates of Duty: From _____ To: _____

List duties in the Service pertinent to job sought: _____

FOR ANY PROFESSION REQUIRING LICENSING OR CERTIFICATION:

Type, State and Number: _____ Date licensed issued: _____ Expiration Date: _____

Renewal Number: _____ Were you licensed by: _____ Examination _____ Waiver What State? _____

Have you applied for reciprocity? Yes No Date: _____

Have any of your professional license(s) ever been investigated ?

If yes, explain: _____

Please read the following statements carefully. By signing, you acknowledge that you have read and understand the meaning of each statement and accept any conditions therein.

- Any misrepresentation of facts in this application or in connection with any physical examination, will be just cause for rejection of the application, or dismissal if hired.
- I hereby authorize investigation of all statements and voluntarily release and hold harmless for liability and/or damages all parties who may issue or receive information regarding my application or employment with CMSE.
- I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between CMSE and myself for employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CMSE unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that CMSE retains a similar right.
- If I am hired, my employment is conditional (temporary) pending final approval, health clearance, satisfactory references, and successful completion of a 90-day probationary period that can be extended at the discretion of CMSE.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future, unless a separate employment contract has been offered and accepted. The conditions of any such contract will supersede the conditions listed here.
- Except as provided in a separate employment contract offered and accepted, I am responsible for my necessary transportation to and from my assigned work-site.
- I understand that even though I may have been hired for a specific work schedule, we cannot guarantee permanent schedules and may alter such arrangements as necessary to meet specific contractual obligations.
- CMSE reserves the right to amend its policies and practices as it deems necessary or appropriate regardless of whether such policies or practices were established prior to or after employment.

(Applicant's signature)

_____/_____/_____
(Date)

PERSONAL REFERENCES

Please provide the names and other information indicated below for at least **three** personal references. These references should be persons with whom you are acquainted, such as your friends or co-workers, or someone who knows you in a professional capacity, such as a priest or other clergyman.

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

VETERAN QUALIFICATIONS:

A. Disabled Veterans: A disabled veteran is a person entitled to disability compensation for a disability of 30% or more, or a person whose discharge was for a disability incurred or aggravated in the line of duty.

Are you a disabled veteran? Yes No

B. Vietnam Era Veterans: In accordance with the Vietnam Era Veterans Readjustment Act of 1974, a Vietnam Era Veteran entitled to affirmative action consideration is a person who served during the period August 5, 1964 to May 7, 1975 with 181 days of active service and who applied for employment within 48 months of separation from service.

Are you a Vietnam Era Veteran? Yes No