



Creek Indian Enterprises

Application for Employment

www.pcicie.com

In order for you to be considered for employment with Creek Indian Enterprises and its subsidiaries, all fields on the application must be completed. Please put "not applicable" if the field does not apply to you.

Creek Indian Enterprises considers all applicants for employment. Indian preference, according to law, will be utilized; the Poarch Band of Creek Indians does not discriminate on the basis of age, disability, gender or religious orientation.

Applying for: Regular Full-Time Regular Part-Time Temporary Full-Time Temporary Part-Time Casual Help

Position(s) applying for: 1. _____
2. _____
3. _____

*Please note that your application will only be considered for positions listed on this application.

Name _____
First Middle Last Name Social Security #

Address _____
Street City State Zip Code

Home Phone _____ Alternate Phone _____ Date of Application _____

Are you a member of the Poarch Band of Creek Indians? Yes No Roll Number: _____
(For verification, provide copy of Tribal ID or Roll Number)

Are you a First Generation descendant of a PCI Tribal Member? Yes No
(For verification, provide letter from PBCI Enrollment Office)

Are you an enrolled member of another Federally recognized tribe? Yes No
If yes, which Tribe: _____ Roll# _____ (For verification, provide copy of Tribal ID)

Are you the spouse of a PCI Tribal Member? Yes No
If yes, list spouse's name: _____ (For verification, provide marriage certificate and affidavit from Tribal Member spouse or death certificate of Tribal Member for widowhood)

To be considered for Indian preference, all verification must be provided to Human Resources by deadline of job posting.

Do you have any immediate relatives, potential relatives, household members, or have direct association with other Creek Indian Enterprise employees? Yes No

If yes, list name(s): _____

Have you ever been employed with PBCI or a Tribal Enterprise before? Yes No If yes, give date: _____

How did you learn about CIE? Word of mouth Employee Agency Newspaper Internet Other

EDUCATION:

Name & Location	Course of Study	Grades Completed	Did you graduate?	Diploma/Degree
High School				
College				
Vocational				
Post Graduate				

Will you work?

Weekends/Holidays

Yes No

Shift Work

Yes No

Evening Work

Yes No

Days

Yes No

Overtime

Yes No

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

Are you willing to travel and participate in training? Yes No

If applicable for position, are you able to lift: ___25 lbs. ___50 lbs. ___75 lbs. ___100 lbs. ___150 lbs.

Are you able to stand for long periods of time? Yes No

Are you legally eligible to work in the United States? Yes No *(Proof of eligibility will be required upon employment.)*

Are you over the age of 18 years? Yes No *(If no, you may be required to provide authorization)*

Have you ever been convicted of a felony or misdemeanor? Yes No *(A conviction will not necessarily disqualify an applicant from employment.)* If yes, please explain.

Have you received any job-related training in the United States Military? Yes No Please give dates and explanation: _____

List any skills, knowledge, experience, or other relevant qualifications (i.e. computer skills, certificates, financial, security, food and beverage, light/heavy equip., welding, etc.):

REFERENCES

(Please list three persons who are not related to you. Additional references may be requested.)

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

The following statements are part of this application. Read them carefully and sign below.

1. APPLICATION CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

2. AGREEMENT TO TESTING

I understand and agree 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 as designated by the Tribe and to release the Tribe, its directors, officers, agents or employees from any claim arising in connection with the use of such tests(s).

3. DRUG TESTING

I accept the conditions for consideration of employment and I consent to the requirements of a urine, swab, or any other type of drug test per the Poarch Band of Creek Indians Drug-Free Workplace Policies and Testing Guidelines/Procedures. I agree to submit to a swab, urine, or any other type of drug test, and I authorize the testing facility to provide the results of this test to the Poarch Band of Creek Indians. I consent freely and voluntarily to the Poarch Band of Creek Indians request for a saliva, urine, or any other type of sample and hereby release and hold harmless the Poarch Band of Creek Indians, its employees, agents, directors, and officers from any liability whatsoever arising from this request to furnish a sample, the testing of my sample, and any decision made concerning my application for employment based upon the results of the test. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing.

4. AUTHORIZATION AND RELEASE

I authorize investigation of all statements contained in this application 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 Poarch Band of Creek Indians, 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 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.

I authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, county association or institution having control of any documents, records or other information pertaining to me, to furnish to the Police Chief of the Poarch Creek Tribal Police Department and/or the Poarch Creek Indians Human Resources Department any documents or records pertaining to any criminal offense that I may have committed.

I hereby release, discharge, and exonerate the Police Chief of the Poarch Creek Tribal Police, its agents and representatives, the Poarch Creek Indian's Human Resources Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or information requested.

I have read items 1, 2, 3, & 4 above and acknowledge, agree, and consent to all terms and conditions therein.

Complaints about the recruitment or selection process for employment should be directed in writing to office of the President and CEO of CIEDA.

PRINTED APPLICANT NAME

APPLICANT SIGNATURE

DATE