the Chickasaw Nation

Chris Anoatubby
Governor

Department Community Services / Chickasaw Employment Access Division
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Chickasaw Employment Access Application

If requesting permanent employment with the Chickasaw Nation, you will need to apply through career opportunities at www.Chickasaw.net/Careers or call human resources at (580) 436-7259. This Chickasaw Employment Access (CEA) application is only for Chickasaw citizens seeking pre-employment services.

If requesting general assistance, medical assistance or utility assistance, please apply through your local Chickasaw Nation Area Office. **Career pathways through the career services program is only for Chickasaw citizens seeking pre-employment services.** If you are not a Chickasaw citizen but a member of another federally recognized tribe, the area office is your point of contact for pre-employment assistance.

Chickasaw Nation Area Offices:
Ada: (580) 436-7256
Ardmore: (580) 226-4821
Duncan: (580) 470-2131
Pauls Valley: (405) 207-9883
Purcell: (405) 527-4973
Sulphur: (580) 622-2888
Tishomingo: (580) 371-9512
Oklahoma City/At-large: (405) 767-8971 or (866) 466-1481

Selective Service registration may be required for males 18-25 years old. www.sss.gov/register

Service information:

Service area: ☐ Ada ☐ Ardmore ☐ Duncan ☐ Pauls Valley ☐ Purcell ☐ Sulphur ☐ Tishomingo
Do you live within the Chickasaw Nation treaty territory? ☐ Yes ☐ No

Applicant information:

Name: _____
First Middle Last Suffix

Preferred name: _____ Birth date: _____ Gender: ☐ Male ☐ Female

Social Security no.: _____

Tribal affiliation: ☐ Chickasaw ☐ Choctaw ☐ Cherokee ☐ Muscogee (Creek) ☐ Seminole
☐ Other First American: (Tribe) _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____

Email address: _____
The email address provided above will be the primary method of communication.

T-shirt size: ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large ☐ Adult 2XL
☐ Adult 3XL ☐ Adult 4XL

Shoe type: ☐ Men's ☐ Women's
Shoe size: ☐ 5 ☐ 5.5 ☐ 6 ☐ 6.5 ☐ 7 ☐ 7.5 ☐ 8 ☐ 8.5 ☐ 9 ☐ 9.5 ☐ 10 ☐ 10.5 ☐ 11 ☐ 11.5 ☐ 12 ☐ 12.5 ☐ 13

Pant size: _____

Are you a Chickasaw citizen? ☐ Yes ☐ No
Are you a veteran? ☐ Yes ☐ No
Do you have a valid driver license? ☐ Yes ☐ No
If no, why? _____
Do you have a reliable means of transportation? ☐ Yes ☐ No
Do you have immediate housing needs? ☐ Yes ☐ No
Do you have a physical or mental disability affecting employment? ☐ Yes ☐ No
If yes, can you provide documentation supporting limitations? ☐ Yes ☐ No
Please explain how the physical or mental disability affects employment: _____

Are you a current Chickasaw Nation employee? ☐ Yes ☐ No
If no, have you ever been employed? ☐ Yes ☐ No

Employment history information:

Employer name: _____

Address: _____
City State

Job title: _____ Beginning date: _____ Ending date: _____

Tasks performed: _____

Reason for leaving: _____

Emergency contact information:

Name: _____ Relationship: _____

Phone no.: (___) _____ Email address: _____

Name: _____ Relationship: _____

Phone no.: (___) _____ Email address: _____

Educational information:

Do you currently have a diploma, high school equivalency certificate (HSE) or general education development (GED)? ☐ Yes ☐ No
If yes, do any of the following currently apply to you? ☐ Accepted to Vocational Training
☐ Enrolled in Vocational Training ☐ Vocational Training Graduate
☐ Former Vocational Training Student ☐ Accepted to College ☐ Enrolled in College

☐ College Graduate ☐ Former College Student ☐ None
If no, education status: ☐ JH/MS student ☐ HS student ☐ Concurrent ☐ Home school
☐ HSE/GED classes ☐ Dropout
Do you have a misdemeanor conviction? ☐ Yes ☐ No
Do you have a felony conviction? ☐ Yes ☐ No
Have you ever been incarcerated? ☐ Yes ☐ No
If yes, please list Department of Corrections no.: _____

Conviction date: _____ Release date: _____

Other information:

Are there any existing medical conditions that you may have that the CEA staff/employees should be made aware of? ☐ Yes ☐ No
If yes, please explain: _____

List medications: _____

Do you receive Social Security income? ☐ Yes ☐ No
If yes, will additional income affect your Social Security benefits? ☐ Yes ☐ No
If yes, what is your maximum monthly earnings allowed? _____

Do any of the following apply to you?
☐ Single parent home
☐ Expecting a child
☐ I have a child
☐ Medical/physical limitations
☐ I do not have a valid learner permit
☐ Runaway or homeless*
*Homeless, at risk of being homeless in the next 30 days or living in conditions not meant for human habitat.

Wellness information:

The CEA division has multiple programs to assist Chickasaw citizens with wellness needs. To better serve our citizens, we ask that you answer the following wellness questions. Based on your answers to the following questions, someone from our wellness team may contact you with information about programs and services available to you as a Chickasaw citizen. These services are voluntary and confidential.
Have you received any inpatient or residential treatment within the last six months? ☐ Yes ☐ No
Do you currently have a primary care provider? ☐ Yes ☐ No
Would you like to speak with someone about any wellness concerns such as anxiety, depression, diabetes, etc.? ☐ Yes ☐ No

Services available:

Based on the information provided, you may be qualified for the following services:
☐ Career Development Services
☐ Chickasaw Institute of Technology (select 2 options)

- ☐ Construction ☐ Nursing Assistant
- ☐ Electrical ☐ Plumbing
- ☐ HVAC ☐ Welding
- ☐ Organizational Support and Technology

☐ ReEntry Transitional Employment
☐ Vocational Rehabilitation
☐ Career Enhancement
☐ Day Training
☐ Career Services

Supporting information:

All applicants:
1. Photo ID
2. Social Security card

Chickasaw Institute of Technology:
1. Document displaying current grade point average *report card, progress report or official transcript
2. HSE/GED certificate *if available

Career services:
1. Proof of residence

Acknowledgment:

I declare that the information given in this application is true and correct and that I will cooperate in any quality control audit or review regarding my application. I hereby authorize the Chickasaw Nation to perform any necessary investigation regarding my initial eligibility and/or my continuing eligibility in the CEA program. I authorize any exchange or release of information between departments within the Chickasaw Nation and with any outside agencies. If my application is denied I have the right to appeal the decision in writing through the CEA client services office where my application was processed. If I do not provide a written request for appeal within 30 days from the date of the denial, I waive my right to any further hearing or relief. I understand that I may be subject to fines or incarceration by knowingly and willfully providing false or fraudulent information on this application under 18 U.S.C. § 1001 and that doing so will also result in the denial of my application.

As a prerequisite of my participation in the CEA program, I understand that I may be administered an alcohol and drug test pursuant to Chickasaw Nation policies and procedures (including SOP 01 ADM 1007) to determine the presence of alcohol or prohibited drugs. I specifically acknowledge and understand that I cannot consume, smoke or possess marijuana on Chickasaw Nation land even if I have a medical marijuana license, card, prescription or other authorization. I further understand that the presence of alcohol or any prohibited drug at any time may prevent my participation in the CEA program. I understand that refusal to consent to an alcohol and drug test will constitute voluntary withdrawal of my application for program participation.

I also grant the Chickasaw Nation, its agents, licensees, successors and assigns the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the Chickasaw Nation. I agree that my picture, video, likeness or anything derived therefrom and created by the Chickasaw Nation is owned by it.

I understand that nothing contained in this application will be construed to waive the sovereign rights and immunities of the Chickasaw Nation.

Applicant signature _____ Date _____