



**the
Chickasaw Nation
Social Services Division
Office of Career Services**

231 Seabrook Road / Ada, OK 74820 / (580) 436-7294 / Fax (580) 310-6458

**Bill Anoatubby
Governor**

For Office Use Only

- Social Security card
- CDIB / Citizenship
- Individual income
- Address verification
- Letter from employer

APPLICATION

Applicant Name:

Last:	First:	Middle:	Suffix:
Address:	City:	State:	ZIP:
Home phone:	Cell phone:	Message phone:	
Social Security number:	Birth date:	Age:	Gender:

Tribal affiliation:

Questions:

Yes No

- Do you have a valid driver's license?
- Do you have your own reliable transportation?
- Have you ever been convicted of a felony? If yes, explain:

- Do you have a police record? If yes, explain:

- Are you a veteran?

Educational status:

- Attending high school: current enrolled grade: _____ Drop out / grade completed: _____
- High school graduate Received GED Pursuing GED, name of high school: _____
- Enrolled in vocational training: Where: _____ Specialty: _____
- Enrolled in college: Where: _____ Major: _____ Minor: _____
- College graduate Vocational training graduate Date of completion: _____
- Former college student: Hours completed: _____ toward what degree: _____

Current labor force status:

- Unemployed Employed part-time Employed full-time Underemployed

If unemployed or underemployed check all that apply:

- Seeking part-time employment Seeking full-time employment Student Other: _____

Job skills:

- Carpentry Groundskeeping Typing > 60 wpm 10 key calculator Auto repair
- Food preparation service Cash register Receptionist Administration Shorthand
- Postage machine Service station attendant Filing Cashier Telephone operator
- Small engine repair Building maintenance Computer skills, programs: _____
- Other skills: _____

Check what you need from this program:

- Cover letter development Dress for success Job retention Interviewing skills
- Filling out application and job related forms Resume development Career counseling
- Follow up letter development Career skills training Other: _____

Written statement:

Employment History: Please give three previous employers beginning with most recent than work backwards.

Name of employer: _____ City, state: _____

Job title: _____ Beginning date: mo/yr: _____ End date: mo/yr: _____

Tasks performed: _____

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Job title: _____ Beginning date: mo/yr: _____ End date: mo/yr: _____

Tasks performed: _____

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Job title: _____ Beginning date: mo/yr: _____ End date: mo/yr: _____

Tasks performed: _____

Client signature **Date:** _____

Program manager/coordinator signature **Date:** _____