



APPLICATION FOR EMPLOYMENT

2756 "O" Street
 Lincoln, NE 68510
 (402) 434-2127 (O)
 (402) 434-2128 (F)
www.osniponca.com

First Name	Last Name	Middle Initial	Social Security Number
Street Address			City/State
Zip Code		Phone Number	
Are you an enrolled member of a Native American Tribe? Y N If so, please list which tribe:			Enrollment Number
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.	
Please circle the subsidiary this position is for: Osni Ponca, LLC Ponca Economic Development Corporation Ponca Smoke Signals-Carter Lake Ponca Smoke Signals-Crofton			
Position Desired:			
Wage/Salary Desired:			
Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.	

Name of high school attended:	City: State:	Graduate? Date of Completion:	GED? Date of Completion:				
Name of college or technical school:	City: State:	Graduate? Date of Completion:	Degree:	Major:			
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:						
- List Any Job-Related Skills or Accomplishments -							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						
- Provide Three References Who We May Contact -							
Name and Occupation:	How do you know them, and for how long?					Phone Number:	

Your Employment History

List names of employers with the most recent employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date: