



## Employee Veteran Registration

### EMPLOYEE INFORMATION

The purpose of this form is to improve the tracking of Chickasaw Nation veteran employees.

### Employee Veteran Type:

Please check one

- Yes, I am a Chickasaw veteran.
- Yes, I am a veteran and a tribal citizen of another federally recognized tribe.
- Yes, I am a veteran and non-Native.

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
 Same as Mailing Street City State ZIP

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Employment Status:

Please check one

- PT  FT  Temp. Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Facility location: \_\_\_\_\_ Facility city: \_\_\_\_\_

### Military Information:

Branch of service (if you served in more than one branch, please check all that apply):

- Army  Marine Corps  Navy  Air Force  Coast Guard
- Active  Reserve  Veteran  Retired

Rank/title: \_\_\_\_\_

Stationed: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

**Please complete and return the registration and requested documentation to:**

Human Resources  
1001 North County Club Road  
Ada, OK 74820  
Phone: (580) 436-7259

**Please provide one of the following documents:**

- DD214 or NGB22 (Guard or Reserve)
- Retired ID card
- State issued driver's license with Veteran logo
- Military ID if currently serving
- Chickasaw Nation Warrior Society membership card
- 1. Supporting document – Attach

By signing below I attest that I have been discharged or released under conditions other than dishonorable or am currently serving in the United States Military.

\_\_\_\_\_ Date: \_\_\_\_\_

I approve of my information being provided to the Chickasaw Nation Veterans Services