

## **Department of Community Services**1001 North Country Club Road / Ada, OK 74820 / (580) 276-1849 / Fax: (580) 310-5701

## **Chickasaw Employment Access Application**

		Today's dat	ie:	
Name:				
First	Middle	Last	Suffix	
Mailing address:				
Street	City	State	ZIP	
Physical address:  Same as Mailing Street	City	State	ZIP	
Phone: ()	Cell number: ()			
Gender: ☐ Male ☐ Female	SSN:	Birth date:		
Tribal affiliation: ☐ Chickasaw	☐ Other:			
Email address:				
Are you a veteran? (Please chee	ck) □ Yes □ No			
Do you have a valid driver's lice	ense? (Check one) 🗌 Yes 🗀	No		
Do you have a reliable means of	of transportation? (Please check	) □ Yes □ No		
Do you have immediate housin	g needs? (Please check) $\square$ Yes	s 🗆 No		
Educational Information  Do you currently have a diplom	a or high school equivalency ce	ertificate (HSE)?  Yes	□ No	
If you have not obtained a diploma or HSE have you started classes? $\square$ Yes $\square$ No				
Have you applied and been acc (Please check) $\square$ Yes $\square$ No	cepted, or, are you currently enr	olled in college or a vocation	nal program?	
Personal History  Do you have a misdemeanor of	onviction? (Please check) $\Box$ Ye	s 🗆 No		
Do you have a felony conviction	n? (Please check) ☐ Yes ☐ N	No		
	Page 1 of 2	Form no. 04	200 CS-CEA Rev 2/2019	

Have you ever been incarcerated? $\square$ Yes	□ No			
If yes, please list: DOC #	Conviction date:	Parole date:		
Do you have a physical or mental disability? (Please check) $\square$ Yes $\square$ No				
If yes, has the disability kept you from attaining/maintaining gainful employment? (Please check) $\square$ Yes $\square$ No				
Other Information:  Is there anything else you feel we should kn				
All information is true and correct to the bes	st of my knowledge.			
Applicant signature:		Date:		
	Page 2 of 2	Form no. 04200 CS-CEA Rev 2/2019		