

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

Personal Information:					
Last name:		First Name:		Middle:	
Address:		City:		State: Zip:	
Phone:		Day Phone (if Different):		Social Security Number:	
DOB:		Email:			
Are you a citizen of the U.S.?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an enrolled member of the EBCI?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:					

Education:				
High School:			Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College:			Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Area of Study:				

Previous Employment:				
Company:			Address:	
Phone:			Job Title:	
Responsibilities:				
From:	To:	Reason for Leaving:		

<b>Company:</b>		<b>Address:</b>
<b>Phone:</b>		<b>Job Title:</b>
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>

<b>Company:</b>		<b>Address:</b>
<b>Phone:</b>		<b>Job Title:</b>
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>

<b>Background:</b>		
<b>1. How would you rate your language skills?</b>		
<b>Novice</b> <input type="checkbox"/>	<b>Intermediate</b> <input type="checkbox"/>	<b>Advanced</b> <input type="checkbox"/>
<b>2. From whom did you learn language and for how long:</b>		
<b>3. Can you read and write the Cherokee Syllabary?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Disclaimer and Signature:**  
*I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_