



APPLICATION FOR PROMOTION OR TRANSFER

.1500 Hensley Drive • PO Box 1007 • Tahlequah, Oklahoma 74465-1007 • 918.456.5482 • 800.837.2869

If you are a current employee of the Housing Authority of the Cherokee Nation, please complete this *Application For Promotion or Transfer* and submit it to HACN. If you are an employee of any other Cherokee Nation entity (Cherokee Nation, CNE, CNI, CNB, Cherokee Elder Care/CNCCA, etc.) please complete both this *Application For Promotion or Transfer* and the *Housing Authority Employment Application* and submit to HACN.

Please contact the HACN Human Resources Department should you have any questions. Wado!

Last Name	First Name	Middle Name	Title (Jr., II, etc.)
Employee Number	Current Position	Current Department/Location	Time in Position
Primary Phone Number		Office Phone Number & Extension	
Length of Time Employed w/ Cherokee Nation/Affiliate		Cherokee Nation/CN Affiliate of Current Position	
Title of Position Desired		Job Announcement #	Closing Date
Cherokee Nation/CN Affiliate of New Position		New Department/Location	
Reason for Promotion or Transfer Request			
Please state any training, experience, knowledge, skills, or abilities that would qualify you for the new position and/or attach a current resume.			

I hereby declare the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given; I therefore authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. This could include safety, law enforcement records and reference checks.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the organization applying to. I understand that acceptance of this application does not constitute an employment contract.

Cherokee Nation and its entities maintain a drug free workplace. All applicants and employees are subject to drug and alcohol testing (test), which may include pre-employment, for cause, post-accident and random testing. Your signature on this application signifies that you give your consent to be tested and your consent to the release of the test results to the Cherokee Nation or its entities for drugs or alcohol according to applicable policy. A positive test result or failure to submit to a test may lead to immediate employment termination.

The applicant further acknowledges and agrees that the Cherokee Nation and/or its entities may release any and all personnel records of the applicant to the Cherokee Nation and/or its entities to which the Applicant submits an application. By submitting this application, the Applicant for herself/himself, her/his spouse, legal representatives, heirs, and assigns, hereby releases, waives, holds harmless, and discharges the Cherokee Nation and its entities, their officers and agents, and each of them, from all liability to the Applicant, her/his spouse, legal representative, heirs and assigns, for any and all loss or damage, and any claim or damages resulting from the release of any and all of the Applicant's personnel records to the Cherokee Nation and/or its entities.

I have read the above and understand it.

_____ Date

_____ Applicant's Signature