Form no. 08031 IS-HR Rev. 7/2019



**Department of Interior Services** 

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

## **Employee Veteran Registration**

## **EMPLOYEE INFORMATION**

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

Press check one	Employee Veteran Type:		,		р.оу осо.	
Yes, I am a veteran and a tribal citizen of another federally recognized tribe.   Yes, I am a veteran and non-Native.   Name:	Please check one					
Name: First Middle Last Suffix  Mailing address: Street City State ZIP  Physical address: Street City State ZIP  Physical address:    City State ZIP    Physical address:	·					
Name: First Middle Last Suffix  Mailing address: Street City State ZIP  Physical address: Same as Mailing 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: Supervisor: Facility location: Facility location: Facility location: Facility of thy: 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 Chickasaw Nation Warro 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.			other federally	recognized trib	e.	
Mailing address:   Street   City   State   ZIP	☐ Yes, I am a veteran and	d non-Native.				
Mailing address:   Street   City   State   ZIP	Name:					
Physical address:    Same as Malling   Street   City   State   ZIP				Last	Sı	uffix
Physical address:    Same as Malling   Street   City   State   ZIP	Mailing address:			City	State	7IP
Same as Mailing Street City State ZIP  Birth date:				•	Glate	211
Employment Status:  Please check one PT FT Temp. Employee ID: Department: Title: Supervisor: 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 Human Resources 1001 North County Club Road Ada, OK 74820 Phone: (580) 436-7259 Please Indicate that I have been discharged or released under conditions other than dishonorable or am currently serving in the United States Military.	☐ Same as Mailing Street				State	ZIP
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Please check one   PT   FT   Temp.   Employee ID:		_				
Title: Supervisor: Facility location: Facility city: Facility city	Please check one	Employee ID	:			
Title: Supervisor: Facility location: Facility city: Facility city	Department:					
Facility location: Facility city:	•			inervisor:		
Military Information:  Branch of service (if you served in more than one branch, please check all that apply):  Army						
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 complete and return the registration and requested documentation to:  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.			' '	domity only.		
Army Marine Corps Navy Air Force Coast Guard 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 Phone: (580) 436-725	Military Information:					
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  Phone: (580) 43	Branch of service (if you served i	n more than one branch, plea	ase check all that a	pply <b>)</b> :		
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 Phone: (580) 436-725	☐ Army ☐ Marine Corps	☐ Navy ☐ Air Ford	ce 🗆 Coast	Guard		
Stationed: Date(s) of service:	☐ Active ☐ Reserve ☐ V	'eteran ☐ Retired				
Stationed: Date(s) of service:	Rank/title:					
requested documentation to:  Human Resources  1001 North County Club Road  Ada, OK 74820  Phone: (580) 436-7259  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.  • 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				f service:		
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Date:	, , ,	•	r released unde	er conditions other	than dishonorable or	am currently
				Date:		_