

MILLE LACS BAND OF OJIBWE

TRIBAL GOVERNMENT EMPLOYMENT APPLICATION



"FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR VETERAN STATUS, DISABILITY OR OTHER LEGALLY PROTECTED STATUS. MILLE LACS BAND AND NATIVE AMERICAN PREFERENCE APPLIES.

POSITION APPLIED FOR:		DATE
LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		CITY, STATE, ZIP
HOW LONG AT PRESENT ADDRESS?	If you have used or are otherwise known by another name, list all such names below (including nicknames and maiden names).	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER (If position requires a driver's license)	
TELEPHONE	ARE YOU AMERICAN INDIAN? YES NO IF YES, WHICH TRIBE ARE YOU REGISTERED? _____ TRIBAL IDENTIFICATION NUMBER _____	
HAVE YOU EVER ATTENDED SCHOOL OR WORKED UNDER ANOTHER NAME TO VERIFY YOUR RECORDS? YES NO IF YES, NAME _____		
HAVE YOU EVER WORKED FOR THE MILLE LACS BAND OF OJIBWE? YES NO IF YES, PROVIDE DATES _____		
DO YOU HAVE OR PLAN TO HAVE OTHER EMPLOYMENT WHILE EMPLOYED WITH THE MILLE LACS BAND? YES NO WHEN ARE YOU AVAILABLE FOR EMPLOYMENT _____		

EDUCATION

SCHOOL	NAME AND ADDRESS & PHONE #	MAJOR OR SPECIALTY	GRADUATE		DEGREE/SUBJECT	YEARS ATTENDED
			YES	NO		
HIGH SCHOOL OR GED						
COLLEGE						
OTHER						

PERSONAL INFORMATION

DO YOU HAVE ANY RELATIVES IN OUR EMPLOY? YES NO IF YES, PLEASE LIST
NAME AND PHONE NUMBER OF AN INDIVIDUAL WE CAN CONTACT IN CASE OF AN EMERGENCY

PLEASE COMPLETE REVERSE SIDE

EMPLOYMENT HISTORY

LAST OR PRESENT EMPLOYER	DATES OF EMPLOYMENT	TELEPHONE
ADDRESS; CITY; STATE; ZIP	SUPERVISOR'S NAME	POSITION HELD
REASON FOR LEAVING EMPLOYMENT		
PREVIOUS EMPLOYER	DATES OF EMPLOYMENT	TELEPHONE
ADDRESS; CITY; STATE; ZIP	SUPERVISOR'S NAME	POSITION HELD
REASON FOR LEAVING EMPLOYMENT		
PREVIOUS EMPLOYER	DATES OF EMPLOYMENT	TELEPHONE
ADDRESS; CITY; STATE; ZIP	SUPERVISOR'S NAME	POSITION HELD
REASON FOR LEAVING EMPLOYMENT		
PREVIOUS EMPLOYER	DATES OF EMPLOYMENT	TELEPHONE
ADDRESS; CITY; STATE; ZIP	SUPERVISOR'S NAME	POSITION HELD
REASON FOR LEAVING EMPLOYMENT		

REFERENCES

PROFESSIONAL REFERENCE	YEARS ACQUAINTED
ADDRESS; CITY; STATE; ZIP	TELEPHONE
PERSONAL REFERENCE NOT FAMILY	YEARS ACQUAINTED
ADDRESS; CITY; STATE; ZIP	TELEPHONE

CERTIFICATION

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT

As part of the employment process a routine inquiry may be made with respect to an applicant's credit status, character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such report, if made, will be provided upon written request of the applicant.

AGREEMENT

I certify that the statements I have made in this application are true, accurate and complete to the best of my knowledge. If employed, I agree to familiarize myself promptly to all the Company rules and regulations and faithfully abide by them. I understand that falsification or misrepresentation of any information I have provided the Company may be cause for dismissal at any time during my employment. I authorize the company to secure and review reports from previous employers, motor vehicle records (if job requires driving a vehicle) and law enforcement agencies acknowledging that the Company has no liability whatsoever for such review or utilization of such reports. I agree to submit proof of my age and my legal right to work before beginning employment with the Company. I understand that my filling out this application does not indicate that there is a current job opening and does not obligate the Company to hire me. I further understand that, if hired, my employment is for no definite period and may be terminated by the Company at any time for any reason or no reason without prior notice.

DATE

SIGNATURE

Revised 10/29/2013