



# Fond du Lac Band of Lake Superior Chippewa Employment Application

## Personal Information

Date \_\_\_\_\_

Name (last, middle, first) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Social \_\_\_\_\_ Email \_\_\_\_\_

Security # \_\_\_\_\_ address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Do you have a current \_\_\_\_\_

Driver's License  Yes  No DL # and State Issued: \_\_\_\_\_

Can you travel if the position requires it?  Yes  No

List the positions you are applying for:

_____	_____
_____	_____
_____	_____
_____	_____

## Employment Eligibility

Are you a U.S. citizen?  Yes  No If not, what Country? \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

## Prior Employment and Band Enrollment

Have you ever been employed by the Fond du Lac Band of Lake Superior Chippewa:  Yes  No

If so, when: \_\_\_\_\_

Are you an enrolled member of a federally recognized Indian tribe?  Yes  No

If yes, list Tribe Name and Enrollment # \_\_\_\_\_

Are you a descendent of an enrolled member of a federally recognized Indian tribe?  Yes  No

If yes, list the name of the tribal member, relationship and enrollment # \_\_\_\_\_

## Military Service

Are you a veteran of the U.S. military service?  Yes  No

If yes, check branch:  Army  Air Force  Marines  Navy  Reserve  Other: \_\_\_\_\_

Dates served: \_\_\_\_\_

Education					
School	Name and City	Course of Study	Years Completed	Graduation Date	Degree
High School					
College					
Other					

**\*\*Please attach all certifications and/or degrees when turning in application**

**Employment History** (please list most recent employment first and include any volunteer activities)

Resume Attached

**Employer**

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer**

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name and Contact \_\_\_\_\_

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Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Employer

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Employer

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Employer

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Other Training or education in addition to work history, other experiences or skills to qualify you for the position

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## Office Related Skills

Check all that apply:

- Keyboarding, WPM: \_\_\_\_\_
- Scanners, Types and Models: \_\_\_\_\_
- Copier, Types and Models: \_\_\_\_\_
- Computer Programs:  Microsoft Word  Microsoft Excel  Microsoft PowerPoint  
 Microsoft Access  Microsoft Publisher  Adobe  
 Other: \_\_\_\_\_
- Printers, Types and Models: \_\_\_\_\_

## References (do not list relatives)

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

## Background Data

**Are there any criminal charges pending and/or convictions against you, other than misdemeanor traffic offenses?**  Yes  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

**Have you ever been convicted of, or are you currently being prosecuted for a felony?**

Yes  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

**Are you now being charged or have you ever been charged with a crime that is not otherwise listed above?**  Yes  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

**\*See HR Representative if additional sheets are needed.**

# Supplemental Information for Education/Teaching Positions

List all the address(es) you resided at for the past ten (10) years.

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Certification

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary to the Reservation Business Committee in arriving at an employment decision.

In the event that I am offered employment, I understand that any false or misleading information given in my application or interview may result in my discharge. A false statement on any part of your application may be grounds for not hiring you or for discharging you after you have started employment. Also, you may be punished by fine or imprisonment, (U.S. Code title 18 section 1001)

I understand that I am required to abide by all rules, regulations and policies of the Fond du Lac Reservation Business Committee.

I understand that my application will remain on file for six months.

The Fond du Lac Band of Lake Superior Chippewa recognizes that an important expression of Tribal Self-determination is the use of the resources of the Fond du Lac Band to create employment opportunities for members of the Band and other enrolled members of federally recognized Indian Tribes. Towards that purpose, the Reservation Business Committee enacted the Fond du Lac Employment Rights Ordinance, FDL Ordinance #12/94, which gives preference to Indian persons who apply for employment or are employed by an employer in hiring, training opportunity and promotion when an Indian applicant or employee is similarly qualified for the position for which such hiring, training, or promotion is undertaken.

I acknowledge that I have read and understand the above information and the application is completed truthfully to the best of my knowledge.

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*Signature*

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*Date*

## Waiver for Release of Information

Name \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize any or all agencies to release the following information to the Fond du Lac Band of Lake Superior Chippewa, 1720 Big Lake Road, Cloquet, MN 55720.

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



## Waiver for Release of Information

Name \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize any or all agencies to release the following information to the Fond du Lac Band of Lake Superior Chippewa, 1720 Big Lake Road, Cloquet, MN 55720.

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



## Waiver for Release of Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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



## Waiver for Release of Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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







# Tribal Enrollment Verification

TO: \_\_\_\_\_

\_\_\_\_\_ has applied for employment and has indicated he/she is an enrolled member of a Federally recognized tribe and is entitled to Indian preference as allowed under the Civil Rights Act of 1964 and 41 CFR 101-6.204-2(4). The following information has been supplied by the applicant:

**Name:** \_\_\_\_\_  
(Last), (First) (Middle)

**Date of Birth:** \_\_\_\_\_

**Tribe/Band:**

- |                                             |                                           |                                                   |
|---------------------------------------------|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Fond du Lac Band   | <input type="checkbox"/> White Earth Band | <input type="checkbox"/> Lac du Flambeau Band     |
| <input type="checkbox"/> Grand Portage Band | <input type="checkbox"/> Red Cliff Band   | <input type="checkbox"/> Lac Courte Oreilles Band |
| <input type="checkbox"/> Mille Lacs Band    | <input type="checkbox"/> Bad River Band   | <input type="checkbox"/> First Nations of Canada  |
| <input type="checkbox"/> Bois Forte Band    | <input type="checkbox"/> Leech Lake Band  | <input type="checkbox"/> Other: _____             |

**Enrollment Number:** \_\_\_\_\_

I hereby authorize the above-named Tribe/Band to confirm or deny the information provided.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

*This section to be completed by tribal enrollment officer or their designee*

Is the above information correct?  Yes  No

\_\_\_\_\_  
*Signature of Enrollment Officer or Authorized Person*

\_\_\_\_\_  
*Date*

**This form to be returned to Fond du Lac Human Resources by fax at 218-878-2683. Thank you.**