

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA EMPLOYMENT APPLICATION

Date: _____

POSITIONS FOR WHICH YOU ARE APPLYING FOR:

Availability:

Full Time

Part Time

On Call

Temporary

Day Shift

Afternoon Shift

Night Shift

All Shifts

On what date will you be available for work? _____

Name: _____
(last) (first) (full middle) (other names used)

Address: _____
(number) (street)

(city) (county) (state) (zip)

Contact Numbers: _____
(home) (work) (other)

(Cell / Message) (e-mail)

Place of Birth: _____
(city) (county) (state) (country)

Social Security Number: _____ Date of Birth: _____

Do you have a current Drivers License? _____ Yes _____ No

Drivers License Number and State issued: _____
(a copy may be required)

Are you a U.S. citizen? _____ if not, what Country? _____
(yes) (no)

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status?

Yes: _____ No: _____ (Proof of citizenship or immigration status, Form I-9, required upon employment)

Can you travel if position requires it? Yes: _____ No: _____

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, please provide Tribe Name and Enrollment number: _____
(Attach a copy of Tribal Enrollment Identification)

Are you a descendent of an enrolled member of a federally recognized Indian Tribe? Yes: _____ No: _____

If yes, provide the name of the tribal member, relationship to the Tribal Member, and enrollment number.

Are you a veteran of the US Military Service? Yes: _____ No: _____

If yes, name of branch and dates served: _____

Do you have any physical, mental, or medical impairments or disabilities that would limit your job performance for the position for which you are applying? Yes: _____ No: _____

If yes, please explain _____

EDUCATION

SCHOOL	NAME & CITY	COURSE OF STUDY	YEARS COMPLETED	GRADUATION DATE	DEGREE
HIGH SCHOOL					
VOCATIONAL, COLLEGE, OR UNIVERSITY					
OTHER					

Other training /Education In addition to your work history, what other experiences or skills would especially qualify you:

SECRETARIAL/CLERICAL & OFFICE RELATED SKILLS

Place and X in the box(es) that apply

	Keyboarding	(WPM)
	Scanners	(list types/models)
	Copier	(list types/models)
	Computer Programs	(list programs)
	Computer Printers	(list types/models)

EMPLOYMENT HISTORY

Please list all employment during the last ten years starting with your present or last job. Include volunteer activities (paid or unpaid).

Job Title	Start Date	Principal duties
Employer	End Date	
Address	Starting Salary Ending Salary	
Name of Supervisor		
Reason for Leaving		

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Employer	End Date	
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Name of Supervisor		
Reason for Leaving		

REFERENCES

(do not list relatives).

Name	Full Address	Contact Number	Occupation	Years Known

BACKGROUND DATA

Are there any criminal charges pending and or convictions against you, other than misdemeanor traffic offenses: ____ Yes ____ No

CHARGE	DATE	CITY & STATE	COURT NAME & ADDRESS	DISPOSITION

Use additional sheet if necessary.

Have you ever been convicted of, or are you currently being prosecuted for a FELONY? _____ No
 _____ Yes, if so complete section below.

CHARGE	DATE	CITY & STATE	COURT NAME AND DDRESS	DISPOSITION

Use additional sheet if necessary.

Are you now being CHARGED or have you ever been CHARGED with a crime that is not otherwise listed above if so please list below.

CHARGE	DATE	CITY & STATE	COURT NAME & ADDRESS	DISPOSITION

Use additional sheet if necessary.

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.

Print Full Name

First

Full Middle

Last

Signature of Applicant

Date

**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
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 _____

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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: _____

Enrollment Number: _____

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

Signature of Applicant **Date**

Is the above information correct? Yes _____ **No** _____

Signature of Enrollment Officer of Authorized Person **Date**