



EMPLOYMENT APPLICATION
 Lac Courte Oreilles Tribal Government Human Resource Department
 13394W Trepania Road • Hayward, WI • 54843
 Phone: (715)634-8934 • Fax: (715) 634-4797 • HR Fax: (715) 699-1209

Position Applying For:		Date of Birth:
Date you can start:	Desired Salary:	Social Security Number:
Do you meet the minimum age requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:
Name: Last	First	Middle Maiden
Other names you are known by:		
Physical Address: (Street, City, State, Zip Code)		
Mailing Address: <input type="checkbox"/> check if same as Physical Address		
Home Phone Number	Cell Phone Number	Other Number (Specify)
Tribal Affiliation:	Federally Recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Nations Recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied with this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when?		
Do you have any special skills and/or training?		

Education History	Name	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College and/or Technical			
Other (Specify)			
Other (Specify)			

Please provide names of three individuals not related to you, whom you have known for at least one (1) year:			
Name	Years Known	Telephone	Business

Complete this transportation and vehicle information section only if applying for position that have transportation and vehicle information as requirements of the duties; see position description.	
Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, DL #:
Vehicle Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Company:

Served in the U.S. Military? (This question is completely optional; you need not answer): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Service and Rank:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where and when:

Employment History (list chronologically; starting with the most recent)

Employer Name & Address: _____ _____	Date Started:	Date Ended:
	Position:	Telephone:
Duties: _____ _____	Salary:	
	Reason for leaving:	

Employer Name & Address: _____ _____	Date Started:	Date Ended:
	Position:	Telephone:
Duties: _____ _____	Salary:	
	Reason for leaving:	

Employer Name & Address: _____ _____	Date Started:	Date Ended:
	Position:	Telephone:
Duties: _____ _____	Salary:	
	Reason for leaving:	

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, falsifying statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein including references listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period of time, regardless of the date of payment of my wages and salary, and I or the organization may terminate employment at any time without any prior notice.

Applicants Signature

Date

If hired, I agree to the following: (1) To work the number of hours per day/week required by the position. (2) To accept supervision and instruction from the assigned supervisor. (3) Inform my supervisor in advance, of any absence from work. (4) Not to expect pay for absent periods that exceeds accumulated compensatory, vacation, or sick leave, if the program and position description allow this benefit. (5) Work on projects assigned, even if the projects may not conform to the position description. (6) All employment is At-Will; I or the organization may terminate employment at any time with or without prior notice; unless specifically stated otherwise in writing by the Tribal Governing Board.

Applicants Signature

Date

Attach all supportive documentation to this application and submit at the same time. It is the applicant's sole responsibility to completely fill out this application and to complete an application for each position for which they wish to be considered. The personnel director nor the personnel committee shall be held responsible for incomplete information or applications that are not completed for each specific position. It is the sole responsibility of the applicant to ensure they have provided complete and accurate information to the personnel director and the personnel committee.

Applicants Signature

Date

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure the accuracy of records obtained during this investigation.

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: _____ Date: _____

Print: Last Name First Name Middle Name

Maiden, former or alias name(s): Social Security Number: _____

Other names you are known by? Have you ever been convicted of a felony? Yes _____ No _____

Date of Birth: Driver's License Number: _____

Tribal Affiliation: Enrollment Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How long at present address: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____