



*Pride of the Ojibwe
13394 W Trepania Road
Hayward • Wisconsin • 54843
Phone (715) 634-8934 • Fax (715) 634-4797 • HR Fax (715) 699-1209*

***** NOTICE *****

**LAC COURTE OREILLES TRIBAL MEMBERS
1 VACANCY**

The Lac Courte Oreilles Tribal Governing Board announces one (1) vacancy for the **Lac Courte Oreilles Housing Authority Board of Commissioners**.

Posting date: October 4, 2021

Closing date: Open Until Filled

Interested applicants for appointment to the **Lac Courte Oreilles Housing Authority Board of Commissioners** must satisfy the following minimum requirements of at least 18 years of age, be an enrolled member of the Lac Courte Oreille Tribe, have a High School Diploma (or equivalent), pass background check(s), be willing and able to travel on Board business, willing to attend training and abide by strict confidentiality. Be able to commit to a two-year term.

Housing Authority Board of Commissioner Members will abide by the Bylaws of the LCO Housing Authority, LCO Housing Authority Tribal ordinance, LCO Housing Authority Personnel Policies and Procedures and other such pertinent bylaws and procedures. Board Members will attend regular monthly meetings as well as special meetings that may be called. Hear employee and tenant grievances. Review and recommend revisions for new or existing policies and procedures. Prepare written reports and perform additional related duties as requested.

**Interested Persons Should Submit a Letter of Interest with
Qualifications**

(Please fill out the release and authorization form)

MAIL, FAX OR EMAIL ALL INFORMATION TO:

**Lac Courte Oreilles Tribal Government
ATTN: Human Resource Dept
13394 W. Trepania Road Hayward, WI 54843
Fax (715) 634-4797 HR Fax (715) 699-1209
doreen.debrot@lco-nsn.gov
caroline.yellowthunder@lco-nsn.gov**

*LCO Tribal Government
Human Resource Dept
LCO Housing BOC*

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) _____