Pride of the Ojibwe

EMPLOYMENT APPLICATION

Lac Courte Oreilles Tribal Government
Human Resource Department
13394W Trepania Road Bldg. 1
Hayward, WI 54843
Phone: (715) 634-8934 Fax: (715) 634-4797

Position Applying For:

Date You Can Start: Desired Salary: Social Security Number:

Do You Meet the Minimum Age Requirement: ☐ Yes ☐ No

Last Name: First Name: Middle Name: Maiden:

Other Names You Are Known By:

Physical Address: (Street, City, State, Zip Code)

Mailing Address: Check if Same as Physical Address: ☐

Home Phone Number: Cell Phone: Other Number: (Specify)

Tribal Affiliation: Federally Recognized Tribe? ☐ Yes ☐ No First Nations Recognized Tribe? ☐ Yes ☐ No

Have You Ever Applied with this Organization Before? ☐ Yes ☐ 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/Technical			
Other (Specify)			
Other (Specify)			

Please Provide the 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 has transportation and vehicle information as requirements of the duties; see position description.

Transportation ☐ Yes ☐ No Valid Driver's License ☐ Yes ☐ No If Yes, DL #:

Vehicle Insurance ☐ Yes ☐ No If Yes, Company:

Served in U.S. Military? (This question optional) ☐ Yes ☐ No If Yes, Service and Rank :

Have You Ever Been Convicted of a Felony? ☐ Yes ☐ No If Yes, Where and When :

Employment History (List chronologically, starting with the most recent.

Employer Name & Address

Date Started: Date Ended:

Position:

Duties:

Telephone: Salary:

Reason for Leaving:

Employer Name & Address

Date Started: Date Ended:

Position:

Duties:

Telephone: Salary:

Reason for Leaving:

Employer Name & Address

Date Started: Date Ended:

Position:

Duties:

Telephone: 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.

Applicant's 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.

Applicant's 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.

Applicant's Signature Date

Print Application