

GREAT LAKES INDIAN FISH & WILDLIFE COMMISSION

P.O. Box 9 • Odanah, WI 54861 • 715-682-6619 • FAX 715-682-9294



• MEMBER TRIBES •

MICHIGAN

Bay Mills Community
Keweenaw Bay Community
Lac Vieux Desert Band

WISCONSIN

Bad River Band
Lac Courte Oreilles Band
Lac du Flambeau Band

MINNESOTA

Fond du Lac Band
Mille Lacs Band

Red Cliff Band
St. Croix Chippewa
Sokaogon Chippewa

APPLICATION FOR EMPLOYMENT

FEDERAL LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, OR NATIONAL ORIGIN. THE GREAT LAKES INDIAN FISH AND WILDLIFE COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER, SUBJECT TO THE PROVISIONS OF P.L.93-638 / INDIAN PREFERENCE ACT.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: _____ JOB ANNOUNCEMENT _____ FRIEND _____ RELATIVE
 _____ EMPLOYMENT AGENCY _____ WALK-IN _____ OTHER

NAME _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____

TELEPHONE _____

If employed and you are under 18, can you furnish a work permit? _____ YES _____ NO

Have you ever been employed here before? _____ YES _____ NO
 If yes, give date(s) _____

Have you filed an application or resume here before? _____ YES _____ NO
 If yes, give date(s) _____

Are you employed now? _____ YES _____ NO
 If yes, may we contact your present employer _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ YES _____ NO

Are you a member of a federally-recognized Indian Tribe? _____ YES _____ NO
 If yes, which Tribe? _____

Are you available to work: _____ Full Time _____ Part Time
 _____ Shift Work _____ Temporary

Are you on lay-off status and subject to recall? _____ YES _____ NO

Are you willing to attend job-related training? _____ YES _____ NO

ANSWER THE FOLLOWING QUESTIONS ONLY IF THEY PERTAIN TO THE JOB DESCRIPTION.

Can you travel as the job may require? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

If yes, please explain _____

Valid Driver's License Number _____

Liability Insurance? _____ YES _____ NO Access to a vehicle? _____ YES _____ NO

Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying? _____ YES _____ NO

If yes, please explain _____

List professional, trade, business or civic activities and offices held: _____

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. Name: _____
Address: _____

2. Name: _____
Address: _____

3. Name: _____
Address: _____

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT. [Use additional page(s) if necessary.]

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE:

1. Employer _____
Date(s) Employed _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Job Duties/Work Performed _____

2. Employer _____
Date(s) Employed _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Job Duties/Work Performed _____

3. Employer _____
Date(s) Employed _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Job Duties/Work Performed _____

4. Employer _____
Date(s) Employed _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Job Duties/Work Performed _____

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1. School Name _____
 Years Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 Other: _____
 Diploma/Degree _____ Course of Study _____
 Describe Course of Study and any specialized training, apprenticeships, and extracurricular activities, or Honors received:

2. School Name _____
 Years Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 Other: _____
 Diploma/Degree _____ Course of Study _____
 Describe Course of Study and any specialized training, apprenticeships, and extracurricular activities, or Honors received:

3. School Name _____
 Years Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 Other: _____
 Diploma/Degree _____ Course of Study _____
 Describe Course of Study and any specialized training, apprenticeships, and extracurricular activities, or Honors received:

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I also understand that I am to abide by the Personnel Policies and Procedures of the Great Lakes Indian Fish and Wildlife Commission.

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Signature

Date