

# 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 BIRTH: \_\_\_\_\_ \*Required for Enforcement positions (Others-optional)

DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

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

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

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.

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**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date