



Great Lakes Indian Fish and Wildlife Commission

Conservation Warden Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Driver's License #: _____

Place of Birth: _____ Social Security Number #: _____

Gender Identification: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO
☐ ☐ If no, are you authorized to work in the U.S.? YES NO
☐ ☐

Have you ever worked for GLIFWC? YES NO
☐ ☐ If yes, when? _____

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

Are you a member of a Federally recognized Indian Tribe? YES NO
☐ ☐ Which Tribe? _____

Tribal ID Number: _____

List below, all other names you have used, including nicknames: If married, provide former name. During what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and circumstance.

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Residence

List chronologically ALL addresses of residences lived at during the past 10 years.

| Dates | | Street Address | City | State |
|-------|----|----------------|------|-------|
| From | To | | | |
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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Course Pursued: _____ Number of Credits: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Course Pursued: _____ Number of Credits: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Course Pursued: _____ Number of Credits: _____

*****ATTACH TRANSCRIPTS (OFFICIAL OR UNOFFICIAL) FOR COLLEGES ATTENDED TO THIS APPLICATION*****

References

Please list three professional references who are responsible adults of reputable standing in their communities.

Please, no relatives or previous employers

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

| | | |
|---|---------------------------------|--------------------------------|
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever served in the Armed Forces of the United States? | | |
| Branch of Service: _____ | From: _____ | To: _____ |
| Rank at Discharge: _____ | Type of Discharge: _____ | |
| If other than honorable, explain: _____ | | |
| MOS / Job Title: _____ | | |
| Date DD-214 Form Was Recorded: _____ | County: _____ | State : _____ |
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you currently or have you previously been a member of the Reserve/National Guard? | | |
| If yes, Branch of Service: _____ | Unit Name: _____ | |
| Unit Location: _____ | Unit Phone Number: _____ | |
| Name and Rank of Immediate Supervisor: _____ | | |
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Was any type of disciplinary action taken against you in the service? | | |
| If yes, type and nature of action: _____ | | |
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been rejected by any branch of the Armed Forces? | | |
| If yes, why? _____ | | |

*****ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION*****

Have you ever been convicted for violating any law, including municipal ordinance, Tribal, State, Federal, State or Tribal Natural Resources, or traffic law? (Do not include parking tickets) – List all such matters

YES
☐

NO
☐

| Date | Location | Charge | Final Disposition | Details |
|------|----------|--------|-------------------|---------|
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Have you ever been convicted of a felony?

YES
☐

NO
☐

If yes, explain: _____

Are you required to register as a sex offender in any jurisdiction?

YES
☐

NO
☐

If yes, explain: _____

General Information

Are you able to work:

Full Time
☐

Part Time
☐

Are you on a lay-off and subject to recall?

YES
☐

NO
☐

Are you willing to attend job related training?

YES
☐

NO
☐

Are you willing to relocate to fill a vacant Conservation Warden position?

YES
☐

NO
☐

Can you travel as the job may require?

YES
☐

NO
☐

Do you have any physical, mental or medical impairments or disabilities that may reflect upon your suitability to perform the duties of a Conservation Warden, or which may require further explanation?
If yes, please explain below.

YES
☐

NO
☐

State any additional information you feel may be helpful to us in considering your application for a Conservation Warden Position.

State any specialized skills, qualifications and certifications you hold that relate to Conservation Law Enforcement.

Disclaimer and Signature

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

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In submitting this application, I agree to any drug testing that the Great Lakes Indian Fish & Wildlife Commission requests. I understand that any offer of employment is contingent upon the results of such testing.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in disciplinary action including termination.

Signature: _____ Date: _____

