# **GREAT LAKES INDIAN FISH & WILDLIFE COMMISSION**

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

## • MEMBER TRIBES •

# MICHIGAN

### WISCONSIN

#### **MINNESOTA**

Bay Mills Community Keweenaw Bay Community Lac Vieux Desert Band Bad River Band Lac Courte Oreilles Band Lac du Flambeau Band

Red Cliff Band St. Croix Chippewa Sokaogon Chippewa Fond du Lac Band Mille Lacs Band



#### LIMITED TERM EMPLOYEE (LTE) JOB APPLICATION

| DOCUTION AS  | DI VINIO 757     |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|--|------------------|-------------------|----------------------|---------------------|-----------------------|---------------------|---|---------------|--------------------|------------------|--|
| POSITION API   |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| CREEL MANA   |                  | YES               | NO                   |                     |                       |                     |   |               |                    |                  |  |
| Creel Partner Name: Tribe/Location:  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| CREEL WORKE  |                  |                   | NO                   |                     |                       |                     |   |               |                    |                  |  |
| Creel Partner  | Name:            |                   | Tribe/L              | ocation:            |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| OTHER LTE PO   | OSITION (pl      | ease list): _     |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       | EMAIL ADDRESS:      |   |               |                    |                  |  |
| NAME:  |                  |                   |                      |                     |                       | MDKE22:             |   |               |                    |                  |  |
| MAILING ADD  | DESS (city       | ctato & zin       | codo):               |                     |                       |                     |   |               |                    |                  |  |
| IVIAILING ADL  | TRESS (CITY,     | state & zip       | coue)                |                     |                       |                     | _                                       |               |                    |                  |  |
| CELL PHONE N   | ACCEPTS TE       | XT MESSAGE        | S: YES               | NO                  |                       |                     |   |               |                    |                  |  |
| CELL PHONE NUMBER: ALT. PHONE NUMBER:  |                  |                   |                      |                     |                       | 710021 10 12        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <b>3.</b> 123 |                    |                  |  |
|  | _                |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| Have you previously worked for GLIFWC?  IF YES, GIVE DATES:  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| Are you a member of a federally recognized Indian Tribe? YES NO IF YES, WHICH TRIBE?   |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| -  |                  | -                 | _                    |                     |                       |                     |   |               |                    |                  |  |
| Indian preference will be applied consistent with GLIFWC policies and the Indian Self Determination and Education Assistance Act (PL 93-638)  Do you have a valid driver's license? YES NO |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| Do you have reliable access to transportation to and from work? YES NO   |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| Can you trave  |                  |                   |                      | ia irom work.       | 123 11                | O                   |   |               |                    |                  |  |
| Are you autho  | -                |                   |                      | 'ES NO              |                       |                     |   |               |                    |                  |  |
| Have you ever  |                  |                   |                      |                     | If ves nl             | ease explain:       |   |               |                    |                  |  |
| riare you eve.   | Deen com         | icted of a re     |                      |                     | γευ, μ.               | сазе ехриин.        |   |               |                    |                  |  |
| DAYS and TIM   | 1ES AVAILA       | BLE for WO        | RK (mark all t       | hat apply):         |                       |                     |   |               |                    |                  |  |
| DAY:   |                  |                   | WEDNESDAY            |                     | FRIDAY                | SATURDAY            | SUNDAY                                  |               |                    |                  |  |
| MORNING  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| HOURS  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| AFTERNOON  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| HOURS  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| EVENING  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| HOURS  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      | SKILLS & QI         | JALIFICA <sup>*</sup> | TIONS:              |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
|  |                  |                   |                      |                     |                       |                     |   |               |                    |                  |  |
| I certify that all info  | ormation provid  | ed in this applic | ation is true and co | mplete. I authorize | e the investi         | gation of the state | ments made here                         | in for empl   | oyment purpos      | es. I understand |  |
| that this application  |                  |                   |                      | •                   | leading info          | mation may resul    | t in termination. I                     | f employed    | , I agree to follo | ow the Personnel |  |
| Policies and Proced  | lures of the Gre | at Lakes Indian   | Fish and Wildlife Co | ommission.          |                       |                     |   |               |                    |                  |  |
| Applicant Signature:   |                  |                   |                      |                     |                       | Date:               |   |               |                    |                  |  |