

# GREAT LAKES INDIAN FISH & WILDLIFE COMMISSION

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

[www.glifwc.org](http://www.glifwc.org)

## • 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  
Red Cliff Band  
St. Croix Chippewa  
Sokaogon Chippewa

### MINNESOTA

Fond du Lac Band  
Mille Lacs Band



## SUMMER INTERNSHIP PROGRAM 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: \_\_\_\_\_

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

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

REFERRAL SOURCE: \_\_\_\_\_ JOB ANNOUNCEMENT \_\_\_\_\_ FRIEND \_\_\_\_\_ RELATIVE  
\_\_\_\_\_ HANDSHAKE \_\_\_\_\_ WEBSITE \_\_\_\_\_ OTHER

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

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

TELEPHONE \_\_\_\_\_ Email Address \_\_\_\_\_

Are you a member of federally recognized tribe? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Tribe \_\_\_\_\_

If not a member of federally recognized tribe, are you a descendant? \_\_\_\_\_ YES \_\_\_\_\_ NO

Which tribe? \_\_\_\_\_

Have you had a summer internship here before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when? \_\_\_\_\_

Have you applied for a summer internship with GLIFWC in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give date(s) \_\_\_\_\_

Are you a current college student? \_\_\_\_\_ YES \_\_\_\_\_ NO

What year are you in college? \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ Graduating

Anticipated College Graduation Date? Month \_\_\_\_\_ Year \_\_\_\_\_

If not in college yet, have you been accepted for the Fall 2026 Semester? \_\_\_\_\_ YES \_\_\_\_\_ NO

What college do you attend/will you be attending? \_\_\_\_\_

**\*You will need to provide current transcript or letter of acceptance\***

What is your major/minor (or intended major/minor for first year college students/high school graduates)?

Please list any organizations you are or have been involved in while in school/college: \_\_\_\_\_

**Are you able to relocate for the summer and travel as needed?** ☐ YES ☐ NO

If not, please explain: \_\_\_\_\_

**Will you need housing for the summer?** ☐ YES ☐ NO

\*Internships will be located on the Bad River Reservation in Odanah, Wisconsin\*

**What is the earliest date you will be available if chosen for an internship?** \_\_\_\_\_

**What is the last day you will be able to work?** \_\_\_\_\_

**Are you willing and able to work flexible hours/weekends if needed?** ☐ YES ☐ NO

**Do you have a valid drivers license?** ☐ YES ☐ NO

Drivers license number \_\_\_\_\_ State issued \_\_\_\_\_

Liability insurance? ☐ YES ☐ NO Access to a vehicle? ☐ YES ☐ NO

**Have you ever been convicted of a felony?** ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?** ☐ 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: \_\_\_\_\_

Do you have any allergies that we should be aware of? ☐ YES ☐ NO

Are these allergies life threatening? ☐ YES ☐ NO

Do you take medication for the allergies? ☐ YES ☐ NO

Please list the medication(s) taken (i.e., EpiPen, etc.)

**Are you certified in CPR/First Aid?**

\_\_\_\_ **YES**

\_\_\_\_ **NO**

If yes, please list which program(s) and expiration date: \_\_\_\_\_

\_\_\_\_\_

**Please list any skills, training, and/or experience that pertain to the internship(s) you are applying for:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list your hobbies and/or interests OUTSIDE of school/work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list/describe any outdoor activities that you participated in during the last year that relates to hunting, fishing, and/or gathering:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe any training or experience you have in safely operating and/or using equipment including, but not limited to firearms, other weapons, emergency vehicles, ATVs, boats, snowmobiles, GPS, compass, maps, and radios.** Please be sure to list any safety certifications that may apply to your training related to this question also (i.e., Hunter Safety, etc.). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your time management skills. Give an example in which you had to manage a number of tasks at one time.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your experience and/or ability to effectively communicate with a diverse group of people.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your participation in any events or activities in your community.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Define GLIFWC and its responsibilities with regard to Treaty rights and issues.** (Do NOT copy and paste from the GLIFWC website! Write this definition in your own words.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In your own words, what are Ceded Territories?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which Tribes are members of GLIFWC?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State any additional information that you feel may be helpful to us in considering your application for the GLIFWC Summer Internship Program or letters of reference from professors/advisors. (Attach additional pages if necessary.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list three references that are not related to you that we may contact. One should be your academic advisor, one should be a teacher/professor, and the third a past/current employer or supervisor.**

Academic Advisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher/Professor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Past Employer/Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- **I certify that the 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 an employment decision. I understand that this application is not nor 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 from the internship program. 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**

Send ALL required paperwork as outlined in the Summer Internship Announcement with this application to:

Pauline (PJ) Lemieux, Internship Program Coordinator  
Great Lakes Indian Fish and Wildlife Commission  
P.O. Box 9  
Odanah, WI 54861-0009

**OR** email to: [plemieux@glifwc.org](mailto:plemieux@glifwc.org)

Subject: **2026 GLIFWC Internship Program Application**

Questions regarding the internship announcement or requirements can be directed to Pauline Lemieux via email or phone: (715) 682-6619 ext. 2138

Closing date for receipt of completed application and required materials is:

**JANUARY 31, 2026, at 4:30 PM (CST)**