



Keweenaw Bay Indian Community

16429 Beartown Road, Baraga, Michigan 49908
Phone: (906) 353-6623 **Personnel Office Fax: (906) 353-8068**

APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT. **Applications are kept on file for six (6) months from the date they are submitted; additional information may be required.**

Position(s) Applied For _____	Date _____
Name _____	
Last	First M.I.
Address _____	City, State, Zip _____
Telephone: _____	E-Mail address: _____
How would you prefer to be contacted regarding your application? <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	

Have you been employed by KBIC before? Yes No When? _____

Salary desired? _____ Willing to attend training? Yes No Date available to start? _____

Available to work? Full-time Part-time Shift Temporary On-Call

Possess a valid, unrestricted Driver's License? Yes No Can you travel, as the job may require? Yes No

Are you age 18 or older? Yes No If under 18, can you furnish a work permit? Yes No

Can you, after employment, submit proof of U.S. Citizenship? Yes No

Are you an enrolled member of a Federally Recognized Indian Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which tribe? _____	Enrollment # _____
If no, are you of American Indian descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Descendency _____
Would you be interested in your application packet being forwarded to the TERO Office to be included in a job pool, so that you can be contacted regarding future job opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
** YOU MUST ATTACH A COPY OF YOUR TRIBAL ENROLLMENT OR PROOF OF DESCENDENCY **	

Are you employed now? Yes No May we contact your present employer? Yes No

Are you on a lay-off? Yes No If so, are you subject to recall? Yes No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position(s) you are applying for? Yes No If yes, please explain _____

Have you received workers compensation during the last ten (10) years? Yes No

If yes, state the nature and date of injury, recurring effects, and degree of disability (applicant will be required to pass a job-related physical exam) _____

MILITARY RECORD

Have you ever served active duty in the Armed Forces of the United States? Yes No

Highest Rank attained _____

Branch of Military Service _____

Serial Number _____

Dates of Active Duty From _____ To _____

Type of and Basis for discharge _____

You MUST attach a copy of your DD 214

Member of Reserve? Yes No If yes, Ready Standby Service Branch _____

COURT RECORDS

Have you ever been convicted of violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law? Yes No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes to any of the questions above, you are required to list all such matters:

Date	Place	Charge	Final Disposition	Details

EDUCATION

Do you possess a High School Diploma, GED, or Certificate of Completion? Yes No (Must provide documentation)

If no, are you a KBIC Member currently working on obtaining your GED? Yes No (Must provide documentation)

If no, are you 55 years of age or older? Yes No

Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<i>High School</i>						
<i>Colleges</i>						
<i>Graduate School</i>						
<i>Miscellaneous</i>						

EMPLOYMENT HISTORY

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Duties	Reason for Leaving
From	To			
		Name: Address: Phone:	Title: Duties:	
		Name: Address: Phone:	Title: Duties:	
		Name: Address: Phone:	Title: Duties:	
		Name: Address: Phone:	Title: Duties:	

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

List any machines or equipment that you are qualified and experienced at operating: _____

List any special licenses or certifications your currently possess: _____

REFERENCES

(Please provide contact information for three UNRELATED references):

	Name:	Relationship (<i>how do you know this person</i>)	Phone Number:
1			
2			
3			



AFFIDAVIT AND RELEASE OF INFORMATION

***Please read carefully before signing.
If you have any questions regarding the statements,
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize the Keweenaw Bay Indian Community to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature _____

Date _____

Printed Name _____