BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

CHIEF BLACKBIRD CENTER *P.O. BOX 39 ODANAH, WI 54861*

APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regard to race, religion, color, sex, age or national origin. The Bad River Band of Lake Superior Tribe of Chippewa Indians is an equal opportunity employer, subject to the provisions of P.L. 93-638/Indian Preference Act

Date of Application:_____

Position(s) applied for:_____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk-in ___Employment Agency ___Other

- - - -

Special Skills and Qualifications:

Summarize special skills and qualification acquired from employment or other experience._____
_____
_____
_____
_____

State any additional information you feel may be helpful to us in considering yourself for employment. (Use additional page if necessary.)_____
_____
_____
_____

References:

Give name, address and telephone number of three (3) references <u>who are not related to you and are not previous employers.</u>
1._____
_____
2._____
_____
3._____
_____

Previous Experience:

1. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed _____
_____

2. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed _____
_____

3. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed _____
_____

(Employment Continued)

4. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Worked performed_____
_____

5. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed_____
_____

6. Employer_____Dates employed_____
Address_____
Telephone number ( )_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed_____
_____

7. Employer_____Dates employed_____
Address_____Job Title_____
Supervisor_____Reason for leaving_____
Work performed_____
_____

Education

1. School name:_____
Location:_____
Years completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Other:_____
Diploma or Degree_____Year_____ Course of Study_____
Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors received:_____
_____
_____

2. School name:_____
Location:_____
Years completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Other:_____
Diploma or Degree_____Year_____Course of Study_____
Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors received:_____
_____
_____

(Education Continued)

3. School name:_____
Location:_____
Years completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Other:_____
Diploma or Degree_____Year_____Course of Study_____
Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors received:_____
_____
_____

4. School name:_____
Location:_____
Years completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Other:_____
Diploma or Degree_____Year_____Course of Study_____
Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors received:_____
_____
_____

- - - -

RELEASE OF INFORMATION

I, _____ Herby authorize the Bad River Tribe to conduct a "Background Security Check," to meet conditions of the employment with the Bad River Tribe.

Aliases: _____

Date of Birth: _____

Driver's License #:_____

_____

(Please list all license numbers and states you have been issued a license in within the past 5 years)

Signature: _____

Today's Date: _____