

APPLICATION **FORM**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

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.

PHYSICAL ADDRESS:

CHIEF BLACKBIRD CENTER 72682 MAPLE ST., ODANAH, WI 54861

MAILING ADDRESS: P.O. BOX 39, ODANAH, WI 54861

FAX: (715) 685-7118 **Phone:** (715) 682-7111

WEBSITE: <http://www.badriver-nsn.gov/>

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

APPLICATION FOR EMPLOYMENT

DRUG-FREE WORKPLACE IN ACCORDANCE WITH THE
DRUG FREE WORKPLACE ACT OF 1988, P.L. 100-690 AND
THE BAD RIVER TRIBE'S EMPLOYEE
POLICY & PROCEDURE HANDBOOK. INDIAN PREFERENCE
WILL BE GIVEN IN ACCORDANCE WITH P.L. 93-638 AND
THE TRIBE'S PREFERENCE POLICY.

MIIGWECH FOR YOUR INTEREST



APPLICATION **FORM**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

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- Answer all questions completely. Any application received incomplete or after the closing date may not be considered for employment.
- Review the MINIMUM QUALIFICATIONS for the position you are applying for. If you do not meet the minimum qualifications, you will not be considered for the position.
- Applications are kept on file for a period of 120 days. After 120 days you must submit a new application.
- Drug-Free Workplace in accordance with the Drug Free Workplace Act of 1988, P.L. 100-690 and the Bad River Tribe's Employee Policy & Procedure Handbook.
- Indian Preference will be given in accordance with P.L. 93-638 and the Tribe's preference Policy.
- 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.

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APPLICATION FORM

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

☐

Transfer/Promotion: Please check here to be considered as a transfer/promotion applicant.

Position(s) Applying For:

Date of Application:

Referral Source

☐

Advertisement

☐

Friend

☐

Relative

☐

Walk-In

☐

Employment
Agency

☐

Other

Name of Referral Source (if applicable):

PERSONAL INFORMATION

Last Name

First Name

Full Middle Name

Suffix;
Ex: Jr, III

Mailing Address:

City

State

Zip Code

Tribal Affiliation:

Tribal Enrollment Number:

Email Address:

NOTE: If an email address is provided, we will use this address for communication purposes.

Home Phone Number:

Cell Phone Number:

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APPLICATION FORM

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Are you 18 Years or Older?

☐

Yes

☐

No

Have you ever been employed here before?

☐

Yes

☐

No

If yes, what position(s)?

Are you employed now?

☐

Yes

☐

No

If yes, may we contact your current employer?

☐

Yes

☐

No

Are you on layoff and subject to recall?

☐

Yes

☐

No

Are you willing to attend job related training?

☐

Yes

☐

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

☐

Yes

☐

No

Can you travel as the job may require at times?

☐

Yes

☐

No

Have you ever been convicted of a felony?

☐

Yes

☐

No

If yes, please explain:

NOTE TO THE APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

☐

Yes

☐

No

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APPLICATION **PROFESSIONAL REFERENCES**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Provide the Name, Address, Phone Number & Email of three (3) Professional References:

REFERENCE #1

Full Name:

Address:

Phone Number:

Email Address:

REFERENCE #2

Full Name:

Address:

Phone Number:

Email Address:

REFERENCE #3

Full Name:

Address:

Phone Number:

Email Address:

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APPLICATION **EDUCATION**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

List most recent first:

School :
Name

Address :

Years Completed :

Years Attended:

Certification

Diploma

Degree

Course of Study:

Describe course of study
and any specialized
training, apprenticeship, :
extracurricular activities
or honors received

School :
Name

Address :

Years Completed :

Years Attended:

Certification

Diploma

Degree

Course of Study:

Describe course of study
and any specialized
training, apprenticeship, :
extracurricular activities
or honors received

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APPLICATION **EDUCATION, CONT.**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

School :
Name :

Address :

Years Completed :

Years Attended:

☐

Certification

☐

Diploma

☐

Degree

Course of Study:

Describe course of study
and any specialized
training, apprenticeship, :
extracurricular activities
or honors received

School :
Name :

Address :

Years Completed :

Years Attended:

☐

Certification

☐

Diploma

☐

Degree

Course of Study:

Describe course of study
and any specialized
training, apprenticeship, :
extracurricular activities
or honors received

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APPLICATION **EMPLOYMENT HISTORY**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Starting with your most current position:

Employer:

Dates Employed:

Address:

Job Title : Supervisor :

Reason for separation:

Summarize job duties/responsibilities:

Employer:

Dates Employed:

Address:

Job Title : Supervisor :

Reason for separation:

Summarize job duties/responsibilities:

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APPLICATION **EMPLOYMENT HISTORY, CONT.**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Starting with your most current position:

Employer:

Dates Employed:

Address:

Job Title : Supervisor :

Reason
for
separation:

Summarize job
duties/responsibilities:

Employer:

Dates Employed:

Address:

Job Title : Supervisor :

Reason
for
separation:

Summarize job
duties/responsibilities:

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APPLICATION **SPECIAL SKILLS/QUALIFICATIONS**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Summarize special skills and qualifications acquired from employment or other experience:

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

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APPLICATION FORM

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

Check the following boxes if you are attaching additional documents. As requested per job description.

☐

Resume

☐

Cover Letter

☐

Transcript(s)

☐

Letter(s) of Reference

☐

Copy of Diploma

☐

Copy of License

☐

Copy of Certifications

☐

Documentation of
Enrollment Status

If hired, can you provide valid
documentation establishing your
identity and eligibility to be legally
employed in the United states?

☐

Yes

☐

No

(Proof of citizenship or immigration status is
requested upon employment.)

Note: A Social Security Card is not required to
establish work eligibility, however, it must be
presented upon hire for payroll purposes.

Social Security Number:

Date of Birth:

Valid Driver's License #:

State:

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APPLICATION **ACKNOWLEDGEMENT**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

I certify that 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 arriving at an employment decision.

I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information is given on my application of interview may result in discharge without recourse.

I also understand that I am to abide by the Personnel Policies and Procedures of the Bad River Band of Lake Superior Chippewa Indians.

Name (Please Print):

Signature:
(Typed
signature
Accepted)

Date:

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APPLICATION **PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

I hereby consent to submit to a drug or alcohol test and furnish a sample of my urine, breath and/or blood analysis as shall be determined by Bad River Tribe in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Bad River Tribe and/or its authorized agents and physicians send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and the laboratory or other testing facility to release any and all documentation relating to such test to the Bad River Tribe.

I understand that it is the current use of illegal drugs that would prohibit me from being employed by the Bad River Tribe.

I further agree to hold harmless the Bad River Tribe and its agents or physicians from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with the Bad River Tribe's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that by signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

The cost for the drug and alcohol testing will be \$40.00 per drug screening. I understand that prior to employment this cost will be paid in full before employment can be afforded. This fee can't be waived and money is non-refundable.

APPLICANT

Name (Please Print):

Signature:

(Typed
signature
Accepted)

Date:

Social Security Number:

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APPLICATION **RELEASE OF INFORMATION**

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

I, [REDACTED]

hereby authorize the Bad River Tribe to conduct a "Background Security Check" to meet conditions of employment with the Bad River Tribe.

Aliases: [REDACTED]

Date of Birth: [REDACTED]

Driver's License #: [REDACTED]

(Please list; all states including license numbers in which you have held a license for the previous 5 years):

[REDACTED]

Name (Please Print): [REDACTED]

Signature:
(Typed
signature
Accepted)

[REDACTED]

Date:

[REDACTED]

All information gathered by the Employee Background Investigation Department will be confidential.

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