

# POKAGON BAND

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION Please type or print (use ink)

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Last	First	Middle
Name _____		
Permanent Address _____		
City _____	State _____	Zip _____
Telephone Number (____) _____		
Present Address _____		Until (Date) _____
City _____	State _____	Zip _____
Telephone Number (____) _____		Daytime Telephone Number (____) _____

### POSITION INFORMATION

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Position Applied for: \_\_\_\_\_

- Part-time
- Full-time

Are you applying for a specific vacancy?  Yes  No If Yes, indicate position \_\_\_\_\_

Are you over the minimum legal working age for the position for which you applied?  Yes  No

When will you be available for work? \_\_\_\_\_

### BACKGROUND INFORMATION

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Have you ever applied for a position with or been employed by the Pokagon Band?  Yes  No  
If yes, please provide the date(s) of application and/or employment and the title of the position applied for or held:

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Have you ever been disciplined, discharged or asked to resign from a prior position?  Yes  No  
If yes, explain the circumstances on a separate sheet and attach it to this application.

Have you ever resigned from a position after a complaint has been received against you or your conduct was under investigation or review?  Yes  No



**Native American Hiring Preference:**

Are you an enrolled member of a federally recognized Indian Tribe?  Yes  No

If yes which one? \_\_\_\_\_

What is your enrollment number? \_\_\_\_\_

Please provide contact information for your Tribe's enrollment office:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

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**WORK EXPERIENCE**

<b>COMPANY</b>	<b>POSITION HELD</b>	<b>*</b>	<b>DATE FROM MO/YR TO MO/YR</b>		<b>NAME OF SUPERVISOR</b>	<b>ADDRESS OF COMPANY</b>

\*Please indicate **F** for full-time; **P** for part-time

Additional Information: (Significant experience such as volunteer, military, civic, or other life experiences not included elsewhere.)

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**REFERENCES:**

List your two (2) most recent supervisors and one other person who can speak for your skills.

FULL NAME	OFFICIAL POSITION	PRESENT ADDRESS	PRESENT BUS. TEL.

**IT IS THE POLICY OF THE POKAGON BAND TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL CANDIDATES FOR EMPLOYMENT REGARDLESS OF AGE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY OR SEXUAL ORIENTATION.**

Any falsification of information or misleading information on this application shall be sufficient grounds to refuse to employ or, having been employed, shall be immediate grounds for dismissal.

My signature below constitutes authorization to check my employment history and/or tribal enrollment, including without limitation, criminal arrest and conviction record, references, and release of investigative information possessed by any tribal, state, local or federal agency. I further authorize those persons, agencies or entities that the Pokagon Band may contact in connection with my employment application to provide the Pokagon Band with any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Pokagon Band, its agents and officials or against any provider of such information.

In consideration of the employment with the Pokagon Band, should I be selected, I agree to confirm to the rules and regulations of the Pokagon Band. I understand that no employee or representative of the Pokagon Band has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing rules and regulations.

The Pokagon Band exercises Native American Hiring Preferences in accordance with applicable tribal and federal law. It is the policy of the Pokagon Band to give qualified Pokagon Band Members first preference in the hiring of new employees.

I have read this application form carefully and I understand the meaning of its provisions and agree to abide by them.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_