

Application for employment must be completed. Please print clearly. The Tribe reserves the right to consider any incomplete application.

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____
STATE: _____

TELEPHONE: _____ **SOCIAL SECURITY #:** _____

Are you employed at this present time? YES / NO

May we contact your present employer? YES / NO

Have you ever been employed here before? YES / NO

If yes, give date: _____

Can you Travel? YES / NO

Valid Driver's License? YES / NO

If yes, Driver's License number: _____ State: _____

Date of Birth: _____

Education (Select highest grade completed):

Grade School	4	5	6	7	8	
GED/High School	9	10	11	12		Year Obtained: _____
College	1	2	3	4		Year Obtained: _____

College Degree YES / NO

If yes, please list degree obtained: _____

Other certifications/Honors: _____

Veteran of the U.S. Military Services? YES / NO

If yes, Branch: _____

Are you Tribal affiliated? YES / NO

If yes:
Tribe Name: _____

Enrollment Number: _____

Employment Experiences:

(Start with your present or last job. Go back at least five (5) years)

(1) Employer: _____

Address: _____

Phone Number: _____ Position Held: _____

From: _____ to: _____ Reason for leaving: _____

Describe duties and responsibilities: _____

(2) Employer: _____

Address: _____

Phone Number: _____ Position Held: _____

From: _____ to: _____ Reason for leaving: _____

Describe duties and responsibilities: _____

(3) Employer: _____

Address: _____

Phone Number: _____ Position Held: _____

From: _____ to: _____ Reason for leaving: _____

Describe duties and responsibilities: _____

IF YOU SHOULD NEED ANY ADDITIONAL SPACE, PLEASE CONTINUE ON ANOTHER SHEET OF PAPER

Please List (3) References that are not related to you and have known for at least a year

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

List any special training/experience that you have that would be beneficial to the position you are applying for:

AGREEMENT

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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant: _____ Date: _____

By checking this box, I acknowledge I am using my typed name as my signature for this document.

I authorize Forest County Potawatomi to contact the references that I have listed on any job application and, I further authorize that past and present employer(s) to release job related information to Forest County Potawatomi.

Signature of Applicant: _____ Date: _____

By checking this box, I acknowledge I am using my typed name as my signature for this document.