

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL DATA

Name _____

PO Box # / Street Address _____

City / State / Zip Code _____

Telephone-Home _____ Telephone -Cellphone _____

Email _____

Tribal Affiliation: Enrolled Red Lake of Chippewa Indians
 Descendant of Red Lake Band of Chippewa Indians
 Non-member; Other Band; Are you enrolled? Yes / No
Please list Tribal Band Affiliation: _____

Position Desired _____

Salary/Wage Desired _____ Date Available for Work _____

Full Time Part-Time List Days and Hours Preferred _____

Have you worked for us in the past? (Please circle) yes or no. If so, where and what position held?

EDUCATION/TRAINING

Type of School Study	Name & Address of School	Dates Attended Optional		Graduated		Type of Degree Diploma or Certificate	Major/Minor Field of Study
		From Mo/Yr	To Mo/Yr	Yes	No		
High School							
GED (General Education Diploma)							
College or University							
Other Education or Training							

EMPLOYMENT EXPERIENCE

(List your previous experience beginning with your most recent position. If additional space is needed, attach a separate sheet of paper).

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
_____	From: _____	Starting: _____		
Company _____				
Address _____	To: _____	Final: _____		
City _____ State _____ Zip _____				
Telephone() _____				
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Supervisor: _____				

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
_____ Company	From:	Starting:		
_____ Address	To:	Final:		
_____ City State Zip				
Telephone() _____				
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor: _____				

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
_____ Company	From:	Starting:		
_____ Address	To:	Final:		
_____ City State Zip				
Telephone() _____				
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor: _____				

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
_____ Company	From:	Starting:		
_____ Address	To:	Final:		
_____ City State Zip				
Telephone() _____				
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor: _____				

REFERENCES (DO NOT INCLUDE RELATIVES)

Name & Occupation	Address	Telephone Number
1.		
2.		
3.		

APPLICANT'S STATEMENT

I certify that this information is accurate and complete. I understand that giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits. I authorize investigation of all statements contained herein, and the references listed above to give you any and all information concerning my previous job related employment. I understand and agree that if employed, my employment may be terminated at will at any time by the Red Lake Band of Chippewa Indians.

Signature of Applicant

Date