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
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 select) : Yes
If so, where and what position held?

Have you been convicted of a felony? ❑ Yes ❑ No
If yes, please explain:_____

EDUCATION/TRAINING

Type of School Study	Name & Address of School	Dates Attended Optional		Graduated		Type of Degree	Major/Minor
		From Mo/Yr	To Mo/Yr	Yes	No	Diploma or Certificate	Field of Study
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
Company Address City State Zip	From: To:	Starting: Final:		

Telephone( )_____
May we Contact? ❑Yes ❑No Supervisor: _____

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

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
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Telephone( )_____ May we Contact? ❑Yes ❑No			Supervisor: _____	

Company Name and Address	Dates Employed Month/Year	Rate Of Pay	Position Title and Brief Description of Duties	Reason for Leaving
_____ Company _____ Address _____ City State Zip	From: To:	Starting: Final:		
Telephone( )_____ May we Contact? ❑Yes ❑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