



Fond du Lac Band of Lake Superior Chippewa Employment Application

PERSONAL INFORMATION

Application Date _____

Name _____
First Middle Last Maiden, Alias or Another Name

Address _____
Street City State Zip

Cell Phone _____ Home Phone _____

Social Security # _____ Email _____

Date of Birth _____ City, State, County of Birth _____

Do you have a current Driver's License? Yes No DL # and State Issued _____

If you are under 18, can you furnish a work permit? Yes No

Can you travel if the position requires it? Yes No

POSITIONS YOU ARE APPLYING FOR

EMPLOYMENT STATUS AND HOURS OF WORK DESIRED

All Full Time Part Time Seasonal On-Call Day Shift Afternoon Shift Night Shift

On what date will you be available for work? _____

VOLUNTARY INFORMATION

Gender: Female Male Other

Ethnicity:

- American Indian/Alaskan Native
 Tribally Enrolled Member of the Fond du Lac Band of Chippewa Indians
 Family Member of a Fond du Lac Band Member *within lineage Parent,

Name _____

- American Indians enrolled in another tribe, list tribe and location: _____
 White (Not of Hispanic Origin) African American Asian or Pacific Islander
 Hispanic Hawaiian or Pacific Islander Two or More Races

Employment Eligibility:

Are you legally eligible to work in the U.S.? Yes No

Are you a U.S. citizen? Yes No If no, what Country? _____

All languages spoken or written: _____

Disability: If you have a disability or need any special accommodations in order to participate in the Fond du Lac hiring process, please explain: _____

Veteran's Status: Are you a veteran of the U.S. military service? Yes No

If yes, branch and dates served: _____

EMPLOYMENT HISTORY (please list most recent employment first and include any volunteer activities)

RESUME ATTACHED

EMPLOYER

Company Name and Contact _____

Phone # _____ Work Phone # _____

Address _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

EMPLOYER

Company Name and Contact _____

Phone # _____ Work Phone # _____

Address _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

EMPLOYER

Company Name and Contact _____

Phone # _____ Work Phone # _____

Address _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

EMPLOYER

Company Name and Contact _____

Phone # _____ Work Phone # _____

Address _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

EMPLOYMENT HISTORY - CONTINUED

EMPLOYER

Company Name and Contact _____
Phone # _____ Work Phone # _____
Address _____
Job Title _____
Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
Responsibilities _____
Reason for Leaving _____

EMPLOYER

Company Name and Contact _____
Phone # _____ Work Phone # _____
Address _____
Job Title _____
Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
Responsibilities _____
Reason for Leaving _____

EMPLOYER

Company Name and Contact _____
Phone # _____ Work Phone # _____
Address _____
Job Title _____
Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
Responsibilities _____
Reason for Leaving _____

EMPLOYER

Company Name and Contact _____
Phone # _____ Work Phone # _____
Address _____
Job Title _____
Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
Responsibilities _____
Reason for Leaving _____

EDUCATION

High School Name and City _____

Course of Study _____ Years Completed _____

Graduation Date _____ Diploma Yes No

College Name and City _____

Course of Study _____ Years Completed _____

Graduation Date _____ Degree _____

Other School Name and City _____

Course of Study _____ Years Completed _____

Graduation Date _____ Degree _____

OTHER TRAINING OR EDUCATION IN ADDITION TO WORK HISTORY, OTHER EXPERIENCES OR SKILLS TO QUALIFY YOU FOR THE POSITION

***Attach all certifications and/or degrees when turning in application.**

OFFICE RELATED SKILLS

Check all that apply:

Keyboarding, WPM: _____ 10-Key, KPM: _____ Scanners Copier Printers
 Social Media: Facebook YouTube Instagram Other: _____

Computer Programs:

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft PowerPoint
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Microsoft Teams
<input type="checkbox"/> Microsoft 365	<input type="checkbox"/> Microsoft Edge	<input type="checkbox"/> Mozilla Firefox
<input type="checkbox"/> Adobe Acrobat		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

SUPPLEMENTAL INFORMATION FOR EDUCATION/TEACHING POSITIONS

List all the address(s) you resided at for the past ten (10) years (BIE, 25 CFR part 63.11)

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

Street Address _____

City _____ State _____ ZIP Code _____

Start Date _____ End Date _____

BACKGROUND DATA

Are there any criminal charges pending and/or convictions against you, other than misdemeanor traffic offenses? Yes - Complete Section Below No

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Have you ever been convicted of, or are you currently being prosecuted for a felony?

Yes - Complete Section Below No

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Are you now being charged or have you ever been charged with a crime that is not otherwise listed above? Yes - Complete Section Below No

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

Charge _____ Date _____

City and State _____ Disposition _____

Court Name and Address _____

***See HR Representative if additional sheets are needed.**

CERTIFICATION OF APPLICATION

The Fond du Lac Band of Lake Superior Chippewa recognizes that an important expression of Tribal self-determination is the use of the resources of the Fond du Lac Band to create employment opportunities for members of the Band and other enrolled members of Federally recognized Indian Tribes. Towards that purpose, the Reservation Business Committee enacted the Fond du Lac Employment Rights Ordinance, FDL Ordinance #12/94, which gives preference to Indian persons who apply for employment or are employed by an employer in hiring, training opportunity and promotion when an Indian applicant or Indian employee is similarly qualified for the position for which such hiring, training, or promotion is undertaken according to the following order:

1. Tribally Enrolled Member of the Fond du Lac Band of Chippewa Indians
2. Family Member of a Fond du Lac Band Member
3. American Indians enrolled in another tribe
4. All Others

- I hereby authorize any or all agencies to release reference information to the Fond du Lac Band of Lake Superior Chippewa, 1720 Big Lake Road, Cloquet, MN 55720 or fax to 218-878-2683.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employment in the future.
- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this employment application as may be necessary to the Reservation Business Committee in arriving at an employment decision.
- In the event that I am offered employment, I understand that any false or misleading information given in this application or interview may result in my discharge. A false statement on any part of the application may be grounds for non-hire or for discharge after employment started. Also, misrepresentations may be punished by fine or imprisonment in accordance with 18 U.S. Code § 1001.
- I understand that I am required to abide by all rules, regulations and policies of the Fond du Lac Reservation Business Committee.
- I further consent to the taking of a photograph and fingerprints necessary to process this application.
- I understand that my application will remain on file for six months.

I acknowledge that I have read and understand the above information and the application is completed truthfully to the best of my knowledge.

Signature

Date



Tribal Enrollment Verification

TO: _____

The following individual has applied for employment and has indicated he/she is an enrolled member of a Federally recognized tribe and is entitled to Indian Preference as allowed under the Civil Rights Act of 1964 and 41 CFR 101-6.204-2(4). The following information has been supplied by the applicant:

Name: _____
Print Clearly

Date of Birth: _____ **Enrollment Number:** _____

Minnesota Chippewa Tribe (MCT)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fond du Lac Band | <input type="checkbox"/> Nett Lake (Bois Forte) Band | <input type="checkbox"/> Grand Portage Band |
| <input type="checkbox"/> Leech Lake Band | <input type="checkbox"/> Mille Lacs Band | <input type="checkbox"/> White Earth |

Lake Superior Chippewa Bands - Wisconsin

- | | | |
|--|---|---|
| <input type="checkbox"/> Red Cliff Band | <input type="checkbox"/> Bad River Band | <input type="checkbox"/> Lac du Flambeau Band |
| <input type="checkbox"/> Sokaogan (Mole Lake) Band | <input type="checkbox"/> St. Croix Band | <input type="checkbox"/> Lac Courte Oreilles Band |
| <input type="checkbox"/> Lac Vieux Desert Band | | |

Other: _____

I hereby authorize the above-named Tribe/Band to confirm or deny the information provided.

Applicant Signature _____
Date

Is the above information correct? Yes No

Signature of Enrollment Officer or Authorized Person _____
Date

This form to be returned to Fond du Lac Human Resources by fax at 218-878-2683. Thank you.