



MATCH-E-BE-NASH-SHE-WISH
GUN LAKE TRIBE
EMPLOYMENT APPLICATION

1743 – 142ND AVE.
P.O. BOX 90
DORR, MICHIGAN 49323
(616) 681-0498

PERSONAL INFORMATION (Please Print)

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Telephone (Home): _____ (Cell): _____

E-Mail: _____ Social Security #: _____ - _____ - _____

Are you a member of a federally recognized tribe? Yes: _____ No: _____ Enrollment #: _____

Tribal Affiliation: _____

(When claiming Native American preference, verification required when submitting application.)

Are you a parent/spouse of a Gun Lake Tribal Citizen? Yes: _____ No: _____ If yes, please list the tribal citizen and his/her enrollment number. Tribal Citizen: _____ Enrollment #: _____

Have you ever been, or are you currently, employed by the Gun Lake Government or any of its enterprises?

Yes: _____ No: _____ If yes: Department/Entity: _____ Title: _____

Start Date: _____ End Date: _____

POSITION INFORMATION

Position Desired: _____ Years of Experience: _____ Salary Expected: _____

Second Choice: _____ Years of Experience: _____ Salary Expected: _____

Referral Source: How did you hear of this position(s)? Please check the appropriate category(s).

____ Gun Lake Human Resources

____ Gun Lake Website

____ Friend/Relative

____ Gun Lake Tribal Citizen

____ Gun Lake Gov. Employee

____ School/University

____ Local Newspaper

____ Gun Lake Newsletter

____ Flyer/Brochure

____ Gun Lake Gov. Mailing

____ Website Ad

____ Personal Research

____ Other: _____

GENERAL INFORMATION

Are you 18 years of age or older? Yes:___ No:___ If you are under 18 years of age, can you provide proof of your eligibility to work? Yes:___ No:___

If an alien, do you have the legal right to work in the United States? Yes:___ No:___

Visa or Registration Number:_____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes:___ No:___

If yes, please provide date(s) and details:_____

(Note: A conviction record will not automatically be a bar to employment. Factors such as date of Offense, Rehabilitation, Seriousness and Nature of the Violation will be taken into account)

Do you possess a valid driver's license? Yes:___ No:___ State Issued:_____ License No:_____

If no, please explain:_____

Michigan Commission on Law Enforcement Standards (MCOLES) Certification Number: _____

RECORD OF EDUCATION (If job related)

Name and Location	Years Completed	Graduated?	Course of Study	Degree/Diploma
High School/GED:		Y / N		
College:		Y / N		
College:		Y / N		
College:		Y / N		
Other:		Y / N		

MILITARY EXPERIENCE

Are you a veteran of the U.S. Armed Forces? Yes:___ No:___ If so, which branch? _____

Period of Active Duty: (Month and Years) Start:_____ End:_____ Rank at Discharge:_____

Date of Final Discharge: _____ Do you have required proof via Form DD214? : Yes:___ No:___

If no, please explain:_____

Please describe your duties and special training obtained in the military:

Do you have a military obligation that would affect your work schedule? _____ If so, please explain:

WORK HISTORY *(List Present and former employers beginning with the most recent)*

Start:_____ End:_____ Employer:_____ Phone:_____

Job Title:_____ Address:_____

Immediate Supervisor & Title:_____

Summarize the nature of work performed and job responsibilities:_____

Reason for leaving:_____

Hourly Rate/Salary:_____ Final \$:_____ Per: Hour Week Month Year

Start:_____ End:_____ Employer:_____ Phone:_____

Job Title:_____ Address:_____

Immediate Supervisor & Title:_____

Summarize the nature of work performed and job responsibilities:_____

Reason for leaving:_____

Hourly Rate/Salary:_____ Final \$:_____ Per: Hour Week Month Year

Start:_____ End:_____ Employer:_____ Phone:_____

Job Title:_____ Address:_____

Immediate Supervisor & Title:_____

Summarize the nature of work performed and job responsibilities:_____

Reason for leaving:_____

Hourly Rate/Salary:_____ Final \$:_____ Per: Hour Week Month Year

Skills and Qualifications

Summarize any training, skills, licenses, awards, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

PROFESSIONAL REFERENCES

(3 Professional References "Must" be submitted below. Please do not include past or current supervisors)

Name	Phone	Years Known
	() -	
	() -	
	() -	

To be completed by all applicants ~ Please read carefully before signing

I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that if I fail to answer any question, or I give misleading or incomplete answers to any question, that alone is a sufficient basis for a failure to hire me, or if I have been hired, that alone is a sufficient basis for my immediate termination.

In support of my application for employment with the Match-E-Be-Nash-She-Wish (Gun Lake Tribe) Government, I hereby authorize the Gun Lake Tribe, its employees and authorized agents to verify any information I have given. Any previous employer is hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed. I hereby expressly release and hold harmless any person or organization who provides information or record relating to me from any liability under state, federal or tribal privacy laws. Such release does not cover the intentional or grossly negligent supplying of false information. I hereby expressly release and hold harmless the Gun Lake Tribe and its agent's enterprises that reasonably require such information.

I understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that should I become employed by the Gun Lake Tribe I will adhere to the policies and directives of the Gun Lake Tribal Council.

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature _____ Date _____