



LEECH LAKE BAND OF OJIBWE APPLICATION FOR EMPLOYMENT

Please submit one application for each position you are applying for.

PERSONAL	Last Name		First	Middle	Date	
	Mailing Address			City	State	Zip
	Physical Address			City	State	Zip
	Social Security Number		Telephone: Home		Cell	
	Do you have a current MN driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class:				Date of Birth	
	Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently in the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> F <input type="checkbox"/> M	
	Receive weekly notifications by email? <input type="checkbox"/> Yes <input type="checkbox"/> No Email address:					

EMPLOYMENT INTEREST	Job Code	Position Desired	Division	Site
	Are you able, either with or without reasonable accommodations, to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:			
	Are you able to work <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
	What skills or additional training do you have that are related to the job for which you are applying?			
	What machines or equipment can you operate that are related to the job for which you are applying?			

	School Name	Course of study	Did you graduate?	Years completed?	Degree or Diploma?
EDUCATION	College Level		<input type="checkbox"/> Yes → <input type="checkbox"/> No	→	
	High School		<input type="checkbox"/> Yes → <input type="checkbox"/> No		
	GED Information	General Education	Did you receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY	Company Name		Location		Telephone	
	Employed: From		To	Weekly pay: Start	End	
	Job title		Type of work / duties			
	Reason for leaving				<input type="checkbox"/> Please do not contact this employer.	

WORK HISTORY	Company Name		Location		Telephone	
	Employed: From		To	Weekly pay: Start	End	
	Job title		Type of work / duties			
	Reason for leaving				<input type="checkbox"/> Please do not contact this employer.	

WORK HISTORY	Company Name		Location		Telephone	
	Employed: From		To	Weekly pay: Start	End	
	Job title			Type of work / duties		
	Reason for leaving				<input type="checkbox"/> Please do not contact this employer.	

SURVEY	Information from this survey is used for research and for equal opportunity recruitment programs to help insure that agency personnel practices meet the requirements of The Leech Lake Tribal Government. Providing this information is completely voluntary.				
	Ethnic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American - Tribal Affiliation	
Background:	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Leech Lake Band	<input type="checkbox"/> Other _____	
			Enrollment Number: _____		

DISCLAIMER	Referral	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Government Employment Agency
	Source:	<input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other _____				
	The Leech Lake Band of Ojibwe is an Equal Opportunity Employer. The Tribal Council or delegated authority reserves the right to appoint the most qualified candidate regardless of race creed, color, sex, age, national origin, religion, handicap, veteran status or tribal affiliation, with exception to LLBO's right to exercise Native American Preference.					
	It is understood and agreed upon that any misrepresentations or false information provided in this application will be sufficient cause of cancellation of the application and/or separation from employment. Furthermore, I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice.					
I understand the potential employer's right to investigate all references and authorize the LLBO to secure additional employment related information about me. I hereby release from liability the Employer and it's representative for seeking such information and all other persons, corporations or organizations for furnishing such information.						
Applications are accepted only for positions posted and assigned a job code. <i>This application is current for six months.</i> At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.						

*	Resume attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*	BCA Background Release Form is attached (required positions only) <input type="checkbox"/> Yes <input type="checkbox"/> No
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The Leech Lake Band of Ojibwe has a drug free workplace policy. Pre-employment drug testing may be required. All employees in "Safety Sensitive" positions will be drug tested. Safety sensitive positions include those who:

- a) work directly with children.
- b) are responsible for the direct care or assistance of vulnerable adults.
- c) work directly with injured or disabled individuals.
- d) are responsible for transporting individuals or operation vehicle as a primary responsibility to perform their duties.
- e) operate heavy equipment or power tools.

Applicant signature _____ Date _____

This application must be signed by the applicant prior to hiring to be a valid application.

1. Print application.
2. Sign and date application.
3. Mail, fax or hand deliver to LLBO HR.

