Leech Lake Band of Ojibwe
Tribal Employment rights Office

Intake Application

Applicant Information

Full Name: _____ Date:_____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____ Email_____

Date Available: _____ Social Security No.: _____ (LL) (HH) (D)
Enrollment #:_____

Position Applied for: _____

	YES	NO		YES	NO
Do you have reliable transportation?	☐	☐	Do you have a Driver's License?	☐	☐
Have you ever worked for LL TERO?	☐	☐	What dates?_____		
Are you available on a 24/ hour basis	☐	☐	Are you interested in trainings? _____		

List union: _____

Education

High School: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Diploma:_____

College: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

Other: _____ Address:

References

Please list three professional references.

Full Name: _____   Dates worked:_____

Company: _____   Phone:_____

Address: _____

Full Name: _____   Dates worked::_____

Company: _____   Phone:_____

Address: _____

Full Name: _____   Dates Worked::_____

Company: _____   Phone:_____

Address: _____

Previous Employment

Company: _____   Phone:_____

Address: _____   Supervisor:_____

Job Title: _____   Starting Salary:$_____   Ending Salary:$_____

Responsibilities: _____

From: _____   To:_____   Reason for Leaving:_____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____   Phone:_____

Address: _____   Supervisor:_____

Job Title: _____   Starting Salary:$_____   Ending Salary:$_____

Responsibilities: _____

From: _____   To:_____   Reason for Leaving:_____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____   Phone:_____

Address: _____   Supervisor:_____

Job Title: _____   Starting Salary:$_____   Ending Salary:$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES   NO
☐   ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

With the Exception of personal data which if fully covered by the privacy act, any information provided on this application maybe used to assist you to find suitable employment. Please Attach any License certificates Resumes to this form. By signing below authorizes us to send your information to Prospective Employers

Signature: _____ Date: _____

TERO Representative: _____ Date: _____

Next update: _____