



# Leech Lake Tribal College Application for Employment

**Qualified applicants are considered for employment without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status or status with regard to public assistance.**

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employee Agency  Other \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_  AM

\_\_\_\_\_ : \_\_\_\_\_  PM

May we contact you at work? \_\_\_\_\_  Yes  No

\_\_\_\_\_  AM

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_  PM

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If yes, give date(s) and positions(s) \_\_\_\_\_ / / .

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Are you a relative of a current employee at Leech Lake Tribal College?  No  Yes – If yes, who? \_\_\_\_\_

Did you serve in the United States Armed Forces?  No  Yes – If yes, what branch? \_\_\_\_\_

Do you have a valid Minnesota Drivers License?  No  Yes

## Work Desired

Position(s) applied for \_\_\_\_\_

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_ what is your desired rate of pay? ..... \$ \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime, if required?.....  Yes  No

If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country?.....  Yes  No

**Educational Background**

Schools and Colleges	# Years completed	Type of Degree, Diploma or Certificate	Major/Subject area studied
High School <input type="checkbox"/> GED			General Education
College/University			
College/University			
Vocational/Technical			

**Special Training**

Special training, licenses and/or certificates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Voluntary Demographic Information**

Providing this information is voluntary. No personnel selections are made based on this information.\*

\*Leech Lake Tribal College will make every effort to recruit and hire the most qualified individuals available for all positions. The College reserves the right to invoke American Indian preference for all positions to be filled, in accordance with the Indian Preference Law in the Federal Civil Rights Act of 1964.

Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnic Background</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/ Alaska Native	<b>I am enrolled at</b> <input type="checkbox"/> Leech Lake <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac <input type="checkbox"/> Mille Lacs <input type="checkbox"/> White Earth <input type="checkbox"/> Grand Portage <input type="checkbox"/> Red Lake
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 ( )  
 ADDRESS \_\_\_\_\_  
 STARTING JOB TITLE / FINAL JOB TITLE \_\_\_\_\_  
 IMMEDIATE SUPERVISOR AND TITLE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 MAY WE CONTACT FOR REFERENCE? YES  NO  LATER

EMPLOYER \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 ( )  
 ADDRESS \_\_\_\_\_  
 STARTING JOB TITLE / FINAL JOB TITLE \_\_\_\_\_  
 IMMEDIATE SUPERVISOR AND TITLE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 MAY WE CONTACT FOR REFERENCE? YES  NO  LATER

EMPLOYER \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 ( )  
 ADDRESS \_\_\_\_\_  
 STARTING JOB TITLE / FINAL JOB TITLE \_\_\_\_\_  
 IMMEDIATE SUPERVISOR AND TITLE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 MAY WE CONTACT FOR REFERENCE? YES  NO  LATER

EMPLOYER \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 ( )  
 ADDRESS \_\_\_\_\_  
 STARTING JOB TITLE / FINAL JOB TITLE \_\_\_\_\_  
 IMMEDIATE SUPERVISOR AND TITLE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 MAY WE CONTACT FOR REFERENCE? YES  NO  LATER

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY STARTING		
\$	PER	
HOURLY RATE/SALARY FINAL		
\$	PER	

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY STARTING		
\$	PER	
HOURLY RATE/SALARY FINAL		
\$	PER	

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY STARTING		
\$	PER	
HOURLY RATE/SALARY FINAL		
\$	PER	

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY STARTING		
\$	PER	
HOURLY RATE/SALARY FINAL		
\$	PER	

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>REFERENCES</b>	Please provide names of three references who are not relatives or former employers.	
<b>1) Name</b>	Business Name	Work phone
Street Address	City, State, Zip	Home phone
<b>2) Name</b>	Business Name	Work phone
Street Address	City, State, Zip	Home phone
<b>3) Name</b>	Business Name	Work phone
Street Address	City, State, Zip	Home phone

<b>REASONABLE ACCOMODATION</b>	Do you require reasonable accommodation to perform the essentials of the job for which you are applying? <input type="checkbox"/> No <input type="checkbox"/> Yes – please describe:
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**Applicant Statement**

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand I may be required to undergo a criminal background check, and if I receive a job offer, a pre-employment drug test.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I understand that if I am employed my position duties and responsibilities; working conditions; and hours of work are subject to change at the discretion of management.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_