

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 Employing [] Walk-in [] Private Employee Agency [] Other	
Applicant Information	
Name Date LAST FIRST MIDDLE Address Social Security # STREET CITY ZIP CODE Telephone # () E-mail Address	
If necessary, best time to call you at home is	AM
May we contact you at work?	[]Yes[]No
Have you submitted an application here before? If yes, give date(s) and positions(s)	[] Yes [] No
Have you ever been employed here before? If yes, give dates from/_/to	
Are you a relative of a current employee at Leech Lake Tribal College? [] No [] Yes – If yes, who?	
Work Desired	
Position(s) applied for	\$
Are you able to meet the attendance requirements of the position? Will you work overtime, if required?	
If no, please explain	[] Yes [] No
Note: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Are you legally eligible for employment in this country?	the offense,

Schools and Colleges		# Years completed	Type of Degree, Diploma or Certificate	Major/Subject area studied
High School □ GED				General Education
College/University				
College/University				
Vocational/Technical				
Special Training				
Special training, licenses and/or ce	ertificates:			
Voluntary Demographic In	formation			
Description this information is a		Laslastianas		- information *
Providing this information is vo	Jiuntary. No personnei	selections a	ire made based on this	s information."
*Leech Lake Tribal College wi positions. The College reserv accordance with the Indian Pr	es the right to invoke A	American Inc	lian preference for all	
Are you a U.S. Citizen?	YesNo	Ethnic Bac Hispa	nic	I am enrolled in the Minnesota Chippewa Tribe at
Are you a Vietnam Veteran?	YesNo	White Black Asian		Leech Lake Bois Forte Fond du Lac
Your Gender	Female Male	Native	e American/	Mille Lacs White Farth

Educational Background

Employment History			
Provide the following information of your past and current employers, assignmental in the state of the state	nents or volun	teer activities, sta	arting with the most recent (use
additional sheets if necessary). Explain any gaps in employment in comments EMPLOYER $$ TELEPHONE $\#$		TES EMPLOYED	SUMMARIZE THE TYPE OF WORK
()	FROM		PERFORMED AND JOB DUTIES
ADDRESS			
STARTING JOB TITLE / FINAL JOB TITLE	_	HOURLY	
ING (ED) ATE CUDEDIVICOD AND TUTE		ATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	_	HOURLY	
	– R	ATE/SALARY	
MAY WE CONTACT FOR REFERENCE? YES NO LATER	- \$	FINAL PER	
EMPLOYER TELEPHONE #		ES EMPLOYED	SUMMARIZE THE TYPE OF WORK
ADDRESS ()	FROM	ТО	PERFORMED AND JOB DUTIES
ADDRESS			
STARTING JOB TITLE / FINAL JOB TITLE		Y RATE/SALARY STARTING	
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MAY WE CONTACT FOR REFERENCE? YES NO LATER			
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ADDRESS ()	_	10	
	- HOURI	Y RATE/SALARY	
STARTING JOB TITLE / FINAL JOB TITLE		STARTING	
IMMEDIATE SUPERVISOR AND TITLE	_ \$	PER	
REASON FOR LEAVING	- HOURL	Y RATE/SALARY	4
TELESON FOR ELEVANO	\$	FINAL PER	
MAY WE CONTACT FOR REFERENCE? YES NO LATER			
EMPLOYER TELEPHONE #		ES EMPLOYED	SUMMARIZE THE TYPE OF WORK
EMPLOYER TELEPHONE #	FROM	ТО	PERFORMED AND JOB DUTIES
ADDRESS	_		
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	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE	HOUDI	V D A TE/C A L A DX	,
REASON FOR LEAVING	HOURL	Y RATE/SALARY FINAL	
	_ \$	PER	
MAY WE CONTACT FOR REFERENCE? YES NO LATER	_		
Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT	г		
COMMITTEES INCLUDING EAFLANATION OF ANY GAPS IN EMPLOYMENT			

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

REASONABLE ACCOMODATION

Do you require reasonable accommodation to perform the essentials of the job for which you are applying?

_ No _ Yes - please describe:

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 herby 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	//	