



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 ____/____/____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY ZIP CODE

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 _____

Have you ever pled “guilty” or “no contest” to, or been convicted of a misdemeanor or felony? Yes No

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

Note: Answering “yes” to this question does not constitute an automatic bar to employment. Factors such as date of the offense, 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?..... 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	Ethnic Background <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black Asian Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/ Alaska Native	I am enrolled in the Minnesota Chippewa Tribe at <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
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 _____

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

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 ()
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 IMMEDIATE SUPERVISOR AND TITLE _____
 REASON FOR LEAVING _____
 MAY WE CONTACT FOR REFERENCE? YES _____ NO _____ LATER _____

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STARTING		
\$	PER	
HOURLY RATE/SALARY		
FINAL		
\$	PER	

Comments INCLUDING EXPLANATION 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? <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** ____ / ____ / ____