



Little Traverse Bay Bands of Odawa Indians  
Employment Application



**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a member of a federally recognized tribe?  Yes  No Tribal affiliation \_\_\_\_\_

Enrollment: \_\_\_\_\_ (When claiming Native American Preference, verification required when submitting application.)

**APPLICATION**

Employment Type: Full \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

Position Desired: \_\_\_\_\_ Years of Experience \_\_\_\_\_ Salary Expected \_\_\_\_\_

Second Choice: \_\_\_\_\_ Years of Experience \_\_\_\_\_ Salary Expected \_\_\_\_\_

Will you work any hours?  Yes  No Hours preferred \_\_\_\_\_

**Referral Source:** How did you hear of this position? Please check the appropriate category(s).

- LTBB Human Resources       LTBB Web Site       LTBB Employee       LTBB Member
- Friend/Relative       Counselor/Advisor       Personal Research       Odawa Trails Newsletter
- School/University posting       Recruiting/Job Fair       TV/Radio Ad       Local Newspaper
- Flyer/Brochure       Staffing Agency       Other \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever been, or are you currently, employed by the LTBB Government or any of its enterprises?  Yes  No

If yes: Department: \_\_\_\_\_ Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

If an alien, do you have the legal right to work in the United States?  Yes  No Visa or registration No. \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No If yes, please provide date(s) and details \_\_\_\_\_

(Note: A conviction record will not automatically be a bar to employment. Factors such as date of Offense, Rehabilitation, Seriousness and Nature of the Violation will be taken into account)

Do you possess a valid driver's license?  Yes  No State \_\_\_\_\_ License No. \_\_\_\_\_

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



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**EDUCATION & TRAINING BACKGROUND**

Institution	School, City, State	Years Completed	Course of Study	Graduate Yes/No	Degree Obtained
High School/GED					
College/University					
Graduate School					
Technical/Other					

**MILITARY SERVICE**

Describe your duties and special training(s):  _____ _____ _____ _____ _____ _____	BRANCH OF SERVICE
	PERIOD OF ACTIVE DUTY (MONTH & YEAR)
	FROM: _____ TO: _____
	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE

Please list any special recognition or awards, etc. that you have received throughout your employment history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special training, skills, qualifications, or other experiences that relate to this position(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### EMPLOYMENT HISTORY

Employer:	Date		Job Title:
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone: (          )			
Supervisor:                      Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May We Contact For References: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Date		Job Title:
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone: (          )			
Supervisor:                      Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May We Contact For References: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Date		Job Title:
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone: (          )			
Supervisor:                      Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May We Contact For References: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### AGREEMENT

I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that if I fail to answer any question, or I give misleading or incomplete answers to any question, that alone is a sufficient basis for a failure to hire me, or if I have been hired, that alone is a sufficient basis for my immediate termination.

In support of my application for employment with the Little Traverse Bay Bands of Odawa Indians (LTBB) Government, I hereby authorize the LTBB, its employees and authorized agents to verify any information I have given. Any previous employer is hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed. I hereby expressly release and hold harmless any person or organization who provides information or record relating to me from any liability under state, federal or tribal privacy laws. Such release does not cover the intentional or grossly negligent supplying of false information. I hereby expressly release and hold harmless the LTBB and its agent's enterprises that reasonably require such information.

I understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that should I become employed by the LTBB I will adhere to the policies and directives of the Tribal Council.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_