

LTBB Temporary Employee Information



Name: _____

Phone Number: _____

1. What type of temporary work are you interested in? Check all that apply.
 - Office work/clerical: answering phones, filing, etc.
 - Special projects: labeling and stuffing mailings, etc.
 - Maintenance Work: cleaning, grounds maintenance, equipment maintenance, setting up and breaking down meeting rooms, etc.
 - Specialty technical work: Environmental or Natural Resources field work
 - Other: _____

2. Please rate your computer program knowledge from 1 to 5, with one being “never used the software” to 5 being “completely independent use of the software program with more advanced functions.”

3.
 - Microsoft Word: _____
 - Microsoft Excel: _____
 - Microsoft Publisher: _____
 - Microsoft Access: _____
 - Microsoft Outlook: _____
 - GIS: _____

4. Please list any other computer program knowledge and/or computer experience you have and how you would rate yourself?

Answer: _____

5. Please circle Y or No on your availability for temp jobs and fill in the times that you would be available? (Days of the week/hours of the day)

Monday:	Available: <u>Y or N</u>	From: _____	To: _____
Tuesday:	Available: <u>Y or N</u>	From: _____	To: _____
Wednesday:	Available: <u>Y or N</u>	From: _____	To: _____
Thursday:	Available: <u>Y or N</u>	From: _____	To: _____
Friday:	Available: <u>Y or N</u>	From: _____	To: _____
Saturday:	Available: <u>Y or N</u>	From: _____	To: _____
Sunday:	Available: <u>Y or N</u>	From: _____	To: _____

6. Please rate the following seasons of year from 1 to 4, with one being the best time of year for your availability/interest and 4 being the worse time of year for your availability/interested in temporary work assignments.

Spring: (March-May) _____

Summer: (June-Aug.) _____

Fall: (Sept-Nov.) _____

Winter: (Dec-Feb.) _____

Anytime: _____

7. Are you interested in temporary work that has a potential to become part-time or full-time employment with LTBB? Answer: _____

8. Please list any skills (i.e. certificates, training, experience, etc...) that you may have that you feel would be an asset as an employee of the LTBB Tribal Government.

Answer: _____

9. Check any skills/hobbies you have developed through your education and training or through your volunteer, homemaking or traditional labor market work experiences:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Filing	<input type="checkbox"/> Programming
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Food Service	<input type="checkbox"/> Research
<input type="checkbox"/> Calculator/10-key	<input type="checkbox"/> Foreign Language(s): _____	<input type="checkbox"/> Shorthand: ___ WPM
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Speedwriting: ___ WPM
<input type="checkbox"/> Community Organizing	<input type="checkbox"/> Groundskeeping	<input type="checkbox"/> Statistics
<input type="checkbox"/> Cooking/Culinary Arts	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Supervision
<input type="checkbox"/> Counseling	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Telephone/Switchboard
<input type="checkbox"/> Custodial	<input type="checkbox"/> Painting	<input type="checkbox"/> Typing: ___ WPM
<input type="checkbox"/> Data Entry Operation	<input type="checkbox"/> Personal Computer Use	<input type="checkbox"/> Traditional Native Art/Activities
<input type="checkbox"/> Drafting	<input type="checkbox"/> Writing	<input type="checkbox"/> Youth Education
<input type="checkbox"/> Driving	<input type="checkbox"/> Editing	<input type="checkbox"/> Youth Services

Traditional Native Artwork/Activities: _____

10. We would like to know how you heard about the Temporary Worker Pool here at the LTBB Tribal Government. Please put an (X) on the appropriate spaces below.

LTBB H.R. Dept	<input type="checkbox"/>	LTBB Employee	<input type="checkbox"/>
LTBB Web Site	<input type="checkbox"/>	LTBB Member	<input type="checkbox"/>
TV/Radio Ad	<input type="checkbox"/>	Friends/Relative	<input type="checkbox"/>
Counselor/Advisor	<input type="checkbox"/>	Recruiting Fair	<input type="checkbox"/>
Flyer/Brochure	<input type="checkbox"/>	Personal Research	<input type="checkbox"/>
Odawa Trails	<input type="checkbox"/>	Other Newspaper	<input type="checkbox"/>
College/University	<input type="checkbox"/>	Other: _____	

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