



MINNESOTA CHIPPEWA TRIBE
PO Box 217
Cass Lake, MN 56633
Phone: (218)335-8581 Fax: (218)335-8496

Employment Application

Date of Application: _____

Position(s) Applied for: _____

APPLICANT INFORMATION

Last Name		First	M.I.
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security # (voluntary)		Desired Salary
(Optional) Are you enrolled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?

EDUCATION

High School	Address				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Year	GED	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Job Duties			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/>			NO <input type="checkbox"/>
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Job Duties			
From	To	Reason for Leaving:	

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Job Duties			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL EMPLOYMENT INFORMATION

Summarize special job related skills and qualifications acquired from employment or other experience. _____

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

It is the Policy of The Minnesota Chippewa Tribe to provide equal opportunity with regard to all terms and conditions of employment. We consider applicants for all positions without regard to race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

DISCLAIMER AND SIGNATURE

I authorize a background investigation of all statements contained herein of the information listed on this application. I certify that my answers are true and complete to the best of my knowledge, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and policies, and I understand that these rules and/or the employee handbook do not form a contract either expressed or implied. I also understand that my employment and compensation can be terminated or changed, without cause or notice and at any time.

Signature: _____

Date: _____