



Employment Application

LCO Development Corporation
8377N County Road E.
Hayward, WI 54843
Phone: 715- 634-3349 / Fax: 715-634-5707

LCO Development Corporation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Date of Application: _____

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Social Security Number: _____

Tribal Affiliation: _____

Federally Recognized Tribe? _____

First Nations Recognized Tribe? _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Transportation and Vehicle Information

Do you have reliable transportation? ☐ Yes ☐ No

Vehicle Insurance? ☐ Yes ☐ No If yes, Company:

Valid Driver's License? ☐ Yes ☐ No

If Yes, Driver's License #:

Complete this transportation and vehicle information on pages 2 & 3, only if applying for positions that have transportation and information as requirements of the duties; see position description.

Accident Record

Accident record for past 3 years or more (Attach sheet if more information is needed) If none, write none.

Include: Dates, nature of accident (Head-on, rear end, upset, etc.), fatalities, injuries, hazardous material spill.

Traffic Convictions

Traffic convictions and forfeitures for the past 3 years (Other than parking violations) If none, write none.

Include: Location, date, charge, and penalty (Attach sheet if more information is needed).

Experience and Qualifications – Driver

List all driver licenses or permits held in the past 3 years.

Include: State, License number, type, and expiration date.

A. Have you ever been denied a license, permit or privilege to operate motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If the answer to either A or B is yes, give details:

Driving Experience

Class of Equipment			Circle Type of Equipment	Dates	
				From (M/Y)	To (M/Y)
Dump Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tandem, Quad Axel		
Tractor and Semi-Trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Low Boy		
Front End Loader	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Case, John Deere		
Excavator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kobelco		
Dozer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	John Deere		
Wheel Compactor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ingersoll-Rand		
Skid-Steer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bob-Cat, Case		
Material Handler	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ingersoll-Rand		

List states operated in the last five years:

List special courses or training that will help you as a driver:

List any safe driving awards you hold and from whom:

Experience and Qualifications

List any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown)

If yes, when?

Are you a U.S. citizen or approved to work in the United States? ☐ Yes ☐ No

If yes, please describe accommodations required below.

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

[illegible]

Education and Training

High School

Name	Location (City, State)	Year Graduated & Degree Earned

College/University

Name	Location (City, State)	Year Graduated & Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated & Degree Earned

Military

Are you a member of the Armed Services? ☐ Yes ☐ No

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: - _____

Job Title: - _____

Supervisor Name: - _____

Employer Address: - _____

City, State and Zip Code: - _____

Employer Telephone: - _____

Dates Employed: - _____

Reason for leaving: - _____

Employer Name: - _____

Job Title: - _____

Supervisor Name: - _____

Employer Address: - _____

City, State and Zip Code: - _____

Employer Telephone: - _____

Dates Employed: - _____

Reason for leaving: - _____

Employer Name: - _____

Job Title: - _____

Supervisor Name: - _____

Employer Address: - _____

City, State and Zip Code: - _____

Employer Telephone: - _____

Dates Employed: - _____

Reason for leaving: - _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, falsifying statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein including references listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period of time, regardless of the date of payment of my wages and salary, and I or the organization may terminate employment at any time without any prior notice.

Applicant Signature: _____ Dated: _____

If hired, I agree to the following: (1) to work the number of hours per day/week required by the position. (2) To accept supervision and instruction from the assigned supervisor. (3) Inform my supervisor in advance, of any absence from work. (4) Not to expect pay for absent periods that exceeds accumulation compensatory, vacation, or sick leave, if the program and position description allow this benefit. (5) Work on projects assigned, even if the projects may not conform to the position description. (6) All employment is At-Will; I or the organization may terminate employment at any time with or without prior notice; unless specifically stated otherwise in writing by the Tribal Governing Board.

Applicant Signature: _____ Dated: _____

Attach all supportive documentation to this application and submit at the same time. It is the applicant's sole responsibility to completely fill out this application and to complete an application for each position for which they wish to be considered. The personnel director nor the personnel committee shall be held responsible for incomplete information or applicants that are not completed for each specific position. It is the sole responsibility of the applicant to ensure they provided compete and accurate information to the personnel director and the personnel committee.

Applicant Signature: _____ Dated: _____

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation onto my personal background for evaluating my qualification for employment, promotions, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, and motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts maybe relevant to the Lac Courte Oreilles Band of Lake Superior Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure the accuracy of records obtained during this investigation.

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies and the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: _____ Date: _____

Print: Last Name First Name Middle Name

Maiden, former or alias name(s): Social Security Number: _____

Other names you are known by? Have you been convicted of a felony? Yes ____ No ____

Date of Birth: Driver's License Number: _____

Tribal Affiliation: Enrollment Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How long at present address? _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____