Lac Courte Oreilles Ojibwe University Employment Application

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a bonafide occupational qualifier exists. The Lac Courte Oreilles Ojibwe University is an equal opportunity employer subject to the provisions of the Indian Preference Act.

NAME: _____ DATE: _____
Last First Middle

CURRENT ADDRESS: _____
Street/Rural Route/Box # City State Zip

HOME PHONE:_____CELL PHONE:_____ EMAIL: _____

POSITION APPLYING FOR: _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.: _____YES _____ NO

TRIBAL MEMBER _____ YES _____ NO TRIBAL AFFILIATION_____

DO YOU HOLD A CURRENT DRIVER'S LICENSE: ____ YES____ NO LICENSE # / STATE: _____/____

HAVE YOU EVER APPLIED WITH THE UNIVERSITY BEFORE: ____ YES ____ NO

HAVE YOU EVER WORKED FOR THE UNIVERSITY: _____ YES _____ NO

IF SO, WHEN AND IN WHAT POSITION: _____

ARE YOU RELATED TO A CURRENT EMPLOYEE OF THE UNIVERSITY: _____YES _____ NO

IF SO, NAME OF RELATED EMPLOYEE: _____

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES: ____ YES _____ NO

BRANCH: _____ RANK AT TIME OF DISCHARGE: _____ DATE OF DISCHARGE: _____

***** Limited character space, if you need additional space, PLEASE USE PAGE 3 *****

PREVIOUS EMPLOYMENT: List starting with most current					
DATES	EMPLOYER NAME/ADDRESS	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

ARE YOU CURRENTLY EMPLOYED: _____YES _____ NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER: _____YES _____ NO

LIST ANY SPECIAL SKILLS OR QUALIFICATIONS YOU MAY HAVE ACQUIRED FROM OTHER EMPLOYMENT EXPERIENCES:

EDUCATION	NAME/LOCATION OF SCHOOL	DID YOU GRADUATE?	DIPLOMA OR DEGREE ACQUIRED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
ADDITIONAL COLLEGE OR TRADE/BUSINESS/ CORRESPONDENCE SCHOOL				

REFERENCES: Give the names of three (3) persons, *not related to you*, you have known for at least one (1) year

	NAME	ADDRESS	BUSINESS	PHONE #'S	YEARS ACQUAINTED
1					
2					
3					

I certify that the facts contained in this application are true, complete, and correct. I understand that any false or misleading information or omissions in this application shall be sufficient cause for rejecting the application prior to the granting of any interview. I further understand and agree that if employed, falsified statements on this application shall be grounds for dismissal regardless of when such information is discovered by the University.

I authorize investigation of all information contained herein, and thereby authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any employment offer is contingent upon the successful completion of a background screen.

I understand and agree that if hired, my employment is “at will”, for no definite period, and may be terminated at any time without prior notice. I further understand that no representative of the University other than the President or his duly delegated representative has any authority to enter into any agreement verbally or in writing for employment.

_____ _____

Applicant’s Signature Date

All Application materials submitted will become property of the University and will be retained for one year from the application date.

“The Lac Courte Oreilles Ojibwe University mission is to provide Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe.”

ADDITIONAL INFORMATION (AS NEEDED):