



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):
