

EMPLOYMENT APPLICATION



The Corporate Commission of the Mille
Lacs Band of Ojibwe Indians

"FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS, EXCEPT AS OTHERWISE PROVIDED IN THE COMPANY'S STATE TRIBAL COMPACT."

DATE: _____

LAST NAME		FIRST NAME			MIDDLE NAME
HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME THAT WE NEED TO KNOW TO VERIFY YOUR RECORDS? _____ IF YES, NAME: _____					
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			HOW LONG A RESIDENT IN THIS AREA?		TELEPHONE NUMBER
ARE YOU AMERICAN INDIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WITH WHICH TRIBE ARE YOU REGISTERED? _____ TRIBAL I.D. NUMBER _____			SOCIAL SECURITY NUMBER _____		
IN CASE OF EMERGENCY NOTIFY					
NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
DO YOU HAVE A LEGAL RIGHT TO REMAIN AND WORK PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF APPLYING TO WORK AT THE CONOCO, ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, YOU MAY BE REQUIRED TO SHOW LEGAL PROOF OF AGE.					
HAVE YOU EVER WOKED FOR THE CORPORATE COMMISSION OR ITS SUBSIDIARIES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATES: _____ UNDER WHAT NAME: _____ LOCATION: _____					

EMPLOYMENT AVAILABILITY

POSITION DESIRED	SCHEDULE PREFERRED	SHIFT	STATE SALARY DESIRED	
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> DAYS		<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> SWING		<input type="checkbox"/> GRAVEYARD
PLEASE STATE DAYS OR TIME YOU CANNOT WORK:				
DO YOU NOW HAVE OR PLAN TO HAVE OTHER EMPLOYMENT WHILE EMPLOYED WITH THE CORPORATE COMMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN ARE YOU AVAILABLE FOR EMPLOYMENT?				

PREVIOUS EMPLOYMENT

BE SURE YOUR EMPLOYMENT RECORD ACCOUNTS FOR ALL TIME SINCE LEAVING SCHOOL, INCLUDING CURRENT EMPLOYMENT, U.S. MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. INCLUDE ANY PART-TIME OR SUMMER JOBS. USE ADDITIONAL SHEET IF NECESSARY.

LAST OR PRESENT EMPLOYER	ADDRESS NO. STREET	CITY	STATE	ZIP	SALARY	JOB HELD
SUPERVISOR'S NAME	REASON FOR LEAVING OR WANTING TO LEAVE				DATES EMPLOYED	
PREVIOUS EMPLOYER	ADDRESS NO. STREET	CITY	STATE	ZIP	SALARY	JOB HELD
SUPERVISOR'S NAME	REASON FOR LEAVING				DATES EMPLOYED	
PREVIOUS EMPLOYER	ADDRESS NO. STREET	CITY	STATE	ZIP	SALARY	JOB HELD
SUPERVISOR'S NAME	REASON FOR LEAVING				DATES EMPLOYED	
PREVIOUS EMPLOYER	ADDRESS NO. STREET	CITY	STATE	ZIP	SALARY	JOB HELD
SUPERVISOR'S NAME	REASON FOR LEAVING				DATES EMPLOYED	

EDUCATION					
SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR OR SPECIALIZATION	GRADUATE? YES / NO	DEGREE/ SUBJECT	NO. OF YRS. ATTENDED
HIGH SCHOOL OR GED					
COLLEGE					
COLLEGE					
OTHER					

PERSONAL INFORMATION
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN (DATES, LOCATION, OFFENSE):
RELATIVE IN OUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LOCATION, POSITION AND NAME:

Notice to applicants as required by the Fair Credit Reporting Act

As part of employment process a routine inquiry may be made with respect to an applicant's credit status, character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such report, if made, will be provided upon written request of the applicant.

AGREEMENT

I certify that the statements I have made in this application are true, accurate and complete to the best of my knowledge. If employed, I agree to familiarize myself promptly to all the Company rules and regulations and faithfully abide by them. I understand that falsification or misrepresentation of any information I have provided the Company may be cause for dismissal at any time during my employment. I authorize the company to secure and review reports from previous employers, motor vehicles records (if job requires driving a vehicle) and law enforcement agencies acknowledging that the Company has no liability whatsoever for such review or utilization of such reports. I agree to submit proof of my age and my legal right to work before beginning employment with the Company. I understand that my filling out of this application does not indicate that there is a current job opening and does not obligate the Company to hire me. I further understand that, if hired, my employment is for no definite period and may be terminated by the Company at any time for any reason or no reason without prior notice.

Signature _____ Date: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

JOB TITLE: _____ DEPT: _____ DATE TO REPORT: _____

SCHEDULE: _____ PAYROLL CALSSIFICATION: _____ STATUS: _____