Application For Employment

Elder Employment Program

2 Ice Circle, Sault Ste. Marie, MI 49783
Phone: (906) 635-4767

LAST NAME	FIRST NAME	MIDDLE NAME	DATE

ADDRESS: Number and Street	City

State	Zip	County	TELEPHONE NUMBER
			( )

Education Information:

Do you have a High School Diploma or GED? _____Yes _____No
Do you have a Degree? _____Yes _____No

If Yes, Type of Degree:_____

Transportation Information:

Do you have reliable transportation? _____Yes _____No
Do you have a valid driver's license? _____Yes _____No

SPECIAL SKILLS AND QUALIFICATIONS: (Summarize special skills and qualifications acquired from past employment or other experiences).

_____

_____

_____

_____

_____

_____

Have you been convicted of a crime within the past 10 years? _____Yes _____No

If Yes, Please explain_____

_____

WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

_____

WHAT POSITION ARE YOU APPLYING FOR?

_____

ARE YOU PHYSICALLY OR OTHERWISE ABLE TO PERFORM THE DUTIES OF THE JOBS FOR WHICH YOU ARE APPLYING OR ARE INTERESTED?

_____

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN OR WILLING TO WORK?_____

DO YOU HAVE ANY RELATIVES EMPLOYED AT THIS ORGANIZATION? _____YES _____NO

IF YES, WHO?_____

I UNDERSTAND THAT THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING MY QUALIFICATIONS FOR EMPLOYMENT, AND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

I AUTHORIZE THE COMPANY, AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, FINANCIAL AND CREDIT HISTORY, CRIMINAL HISTORY BACKGROUND AND MOTOR VEHICLE DRIVING RECORDS. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM ALSO AWARE THAT THE INFORMATION I HAVE PROVIDED IS SUBJECT TO REVIEW AND VERIFICATION; AND I MAY HAVE TO PROVIDE DOCUMENTS TO SUPPORT THIS APPLICATION.

_____ _____

SIGNATURE **DATE**

***Please submit a copy of your tribal card along with this application.** Thank You.

PLEASE RETURN APPLICATION TO:

Elder Employment Program
Atten: Brenda Cadreau
2 Ice Circle
Sault Ste. Marie, MI 49783
Fax: (906) 635-4981
Email: BCadreau@saulttribe.net