



Are you Handicapped? \_\_\_\_ Yes \_\_\_\_No If Yes, indicate Handicap:\_\_\_\_\_

Have you been convicted of a crime within the past 10 years? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, Please explain\_\_\_\_\_

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**WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?**

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**IS THERE A PARTICULAR JOBSITE YOU WOULD BE INTERESTED IN WORKING AT?**

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

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**HOW MANY HOURS ARE YOU INTERESTED IN OR WILLING TO WORK EACH WEEK?\_\_\_\_\_**

**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