

# Leech Lake Band Of Ojibwe - Housing Authority

## Employment Application



Each question should be fully and accurately answered on this form. PLEASE PRINT NEATLY.  
 Incomplete or illegible applications may not be processed. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap or veteran status.

Date \_\_\_\_\_

Personal Information	Last Name		First	Full Middle	
	Mailing Address		City	State	Zip Code
	Physical Address		City	State	Zip Code
	Previous Address		City	State	Zip Code
	How long at current address?	How long at previous address?	e-mail address		
	Home Phone		Cell Phone	Other Phone	
	Social Security Number		Current MN driver's license?		( ) No ( ) Yes
			Driver's License number:		
	Are you 18 years of age or older?		( ) No	( ) Yes	
	Are you legally eligible for employment in the United States?		( ) No	( ) Yes	
	Are You a U. S. Citizen?		( ) No	( ) Yes	
	Are you a U.S. Veteran?		( ) No	( ) Yes	
	The following information is voluntary and will be used to determine preference in hiring, in accordance with Leech Lake Band Member preference. Ethnic Background:				
	( ) African-American		( ) other: _____	( ) Hispanic	( ) Caucasian
( ) Leech Lake District: ( ) one ( ) two ( ) three		Enrollment number: _____			
( ) MCT (band)		Enrollment number: _____			
( ) other (Tribe/Band)		Enrollment number: _____			

  

Employment	Have you ever applied for employment with us before? ( ) No ( ) Yes				
	If yes, when?				
	Position desired		Secondary position desired		
	Pay Expected		Pay Expected		
	What skills or training do you have that is related to the job for which you are applying?				
	What machines or equipment can you operate that are related to the job for which you are applying?				
Availability: ( ) Full-time ( ) Part-time ( ) Seasonal ( ) Temporary					

  

Education	Education Level	Name and location of school	Course of study	Did you graduate	Degree or diploma
	High School			( ) yes ( ) no	
	Trade or Technical			( ) yes ( ) no	
	College			( ) yes ( ) no	
	Graduate			( ) yes ( ) no	

Give accurate and complete employment record, beginning with the most recent, starting

Employment History	Company name		Company telephone number		
	Company Address		Employed (mm/yy)		
			start	end	
	Name of supervisor and supervisor's title		Rate of pay (hourly or weekly)		
			start	end	
	Job title (describe your work)		Reason for separation		
	Company name		Company telephone number		
	Company Address		Employed (mm/yy)		
			start	end	
	Name of supervisor and supervisor's title		Rate of pay (hourly or weekly)		
			start	end	
	Job title (describe your work)		Reason for separation		
	Company name		Company telephone number		
	Company Address		Employed (mm/yy)		
			start	end	
Name of supervisor and supervisor's title		Rate of pay (hourly or weekly)			
		start	end		
Job title (describe your work)		Reason for separation			
Company name		Company telephone number			
Company Address		Employed (mm/yy)			
		start	end		
Name of supervisor and supervisor's title		Rate of pay (hourly or weekly)			
		start	end		
Job title (describe your work)		Reason for separation			
Employers listed above may be contacted for reference unless you indicate those you would prefer we don't contact.					
Do not contact:			Reason:		

Military	Did you serve in the U.S. Armed Forces?      ( ) No      ( ) Yes			
	If yes, what branch?		Years of service (mm/yy)	
			start	end
Describe any training received in the service relevant to the position for which you are applying.				

Emergency Info	Contact #1 Name	Relationship	Telephone	Address
	Contact #2 Name	Relationship	Telephone	Address
	Doctor	Clinic/Hospital Name	Telephone	Address
	Emergency medical information (allergies, medication, etc.)			
	Are you able, either with or without reasonable accomodations, to perform the essential functions of the job for which you are applying?      ( ) No      ( ) Yes			

Friends and Relatives	Name	Relationship	Name	Relationship
	Name	Relationship	Name	Relationship
	Name	Relationship	Name	Relationship

The Leech Lake Housing Authority believes that all persons are entitled to equal employment opportunity and does not discriminate against applicants for employment on the basis of race, color, creed, religion, national origin, age, sex, political affiliation or physical or mental impairment, provided the applicant is qualified and meets the physical requirements for the position for which they are applying.

Both equal employment opportunity and Band member preference will apply to employment opportunities. Application of these policies should not be construed to deny employment or employment benefits to current or prospective employees of the Leech Lake Housing Authority.

In an effort to exercise its tribal sovereignty, the Leech Lake Housing Authority will grant Band member preference to its employees and qualified applicants, when deemed appropriate. Preference will be granted to qualified individuals in the following order:

1. Enrolled Leech Lake Band Member
2. Enrolled member of the Minnesota Chippewa Tribe
3. Enrolled federally recognized Tribal member
4. Enrolled Canadian Reserve Tribal Member

The Leech Lake Housing Authority Board of Commissioners reserves the right to appoint the most qualified candidate regardless of race, color, creed, religion, national origin, age, sex or political affiliation, while still recognizing and following Band member preference.

Referral Source	<input type="checkbox"/> Advertisement:	<input type="checkbox"/> Newspaper (name paper)	<input type="checkbox"/> Internet (name website)
	<input type="checkbox"/> Walk-in		
	<input type="checkbox"/> Current Employee (name)	<input type="checkbox"/> Posted flyer (where?)	<input type="checkbox"/> other (list)
	<input type="checkbox"/> Governmental Employment agency	<input type="checkbox"/> Private Employment agency	

It is understood and agreed upon that any misrepresentation contained within this application will be sufficient cause of cancellation of this application and/or separation of employment if I have been employed. Furthermore, I understand that just as I am free to resign at anytime, the employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that this document is not to be construed as a contract and no single representative of the employer has the right to guarantee or deny employment.

I further understand that the Leech Lake Housing Authority is an Alcohol and Drug free workplace, and upon consideration for hire, I will be subject to both pre-employment and random drug and alcohol testing.

I give the employer, or prospective employer, the right to investigate all references and to secure additional information about me, if job related. I hereby release the employer, or prospective employer and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

This application is current for six months from the date received. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature \_\_\_\_\_ date \_\_\_\_\_