



**MATCH-E-BE-NASH-SHE-WISH  
GUN LAKE TRIBE  
EMPLOYMENT APPLICATION**

1743 - 142<sup>ND</sup> AVE.  
P.O. BOX 218  
DORR, MICHIGAN 49323  
(616) 681-9510

**PERSONAL INFORMATION** (Please Print)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a member of a federally recognized tribe? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_  
(When claiming Native American preference, verification required when submitting application.)

Are you a parent/spouse of a Gun Lake Tribal Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list the tribal citizen and his/her enrollment number. Tribal Citizen: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Have you ever been, or are you currently, employed by the Gun Lake Government or any of its enterprises?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes: Department/Entity: \_\_\_\_\_ Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**POSITION INFORMATION**

Position Desired: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

**Referral Source:** How did you hear of this position(s)? Please check the appropriate category(s).

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Gun Lake Human Resources | <input type="checkbox"/> Gun Lake Website       | <input type="checkbox"/> Friend/Relative   |
| <input type="checkbox"/> Gun Lake Tribal Citizen  | <input type="checkbox"/> Gun Lake Gov. Employee | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Local Newspaper          | <input type="checkbox"/> Gun Lake Newsletter    | <input type="checkbox"/> Flyer/Brochure    |
| <input type="checkbox"/> Recruiting/Job Fair      | <input type="checkbox"/> Website Ad             | <input type="checkbox"/> Personal Research |
| <input type="checkbox"/> Other: _____             |   |  |

**GENERAL INFORMATION**

Are you 18 years of age or older? Yes:\_\_\_ No:\_\_\_ If you are under 18 years of age, can you provide 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 Number:\_\_\_\_\_

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 Issued:\_\_\_\_\_ License No:\_\_\_\_\_

If no, please explain:\_\_\_\_\_

**WORK HISTORY** (List Present and former employers beginning with the most recent)

Start:_____ End:_____ Employer:_____ Phone:_____
Job Title:_____ Address:_____
Immediate Supervisor & Title:_____
Summarize the nature of work performed and job responsibilities:_____
_____
Reason for leaving:_____
Hourly Rate/Salary:_____ Final \$:_____ Per: <u>Hour</u> <u>Week</u> <u>Month</u> <u>Year</u>

Start:_____ End:_____ Employer:_____ Phone:_____
Job Title:_____ Address:_____
Immediate Supervisor & Title:_____
Summarize the nature of work performed and job responsibilities:_____
_____
Reason for leaving:_____
Hourly Rate/Salary:_____ Final \$:_____ Per: <u>Hour</u> <u>Week</u> <u>Month</u> <u>Year</u>

Start: \_\_\_\_\_ End: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Final \$: \_\_\_\_\_ Per: \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year

**RECORD OF EDUCATION** (If job related)

Name and Location	Years Completed	Graduated?	Course of Study	Degree/Diploma
High School/GED:				
College:				
College:				
College:				
Other:				

**MILITARY EXPERIENCE**

Are you a veteran of the U.S. Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, which branch? \_\_\_\_\_

Period of Active Duty: (Month and Years) Start: \_\_\_\_\_ End: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Do you have required proof via Form DD214? : Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Please describe your duties and special training obtained in the military:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a military obligation that would affect your work schedule? \_\_\_\_\_ If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications**

Summarize any training, skills, licenses, awards, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

(3 Professional References "Must" be submitted below. Please do not include past or current supervisors)

Name	Phone	Years Known
	( ) -	
	( ) -	
	( ) -	

**To be completed by all applicants ~ Please read carefully before signing**

*I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that if I fail to answer any question, or I give misleading or incomplete answers to any question, that alone is a sufficient basis for a failure to hire me, or if I have been hired, that alone is a sufficient basis for my immediate termination.*

*In support of my application for employment with the Match-E-Be-Nash-She-Wish (Gun Lake Tribe) Government, I hereby authorize the Gun Lake Tribe, its employees and authorized agents to verify any information I have given. Any previous employer is hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed. I hereby expressly release and hold harmless any person or organization who provides information or record relating to me from any liability under state, federal or tribal privacy laws. Such release does not cover the intentional or grossly negligent supplying of false information. I hereby expressly release and hold harmless the Gun Lake Tribe and its agent's enterprises that reasonably require such information.*

*I understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that should I become employed by the Gun Lake Tribe I will adhere to the policies and directives of the Gun Lake Tribal Council.*

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_