

# BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

**LOCATION:**  
**CHIEF BLACKBIRD CENTER**  
 72628 MAPLE ST.  
 P.O. BOX 39  
 ODANAH, WI 54861  
**WEBSITE:**

<http://www.badriver-nsn.gov/>



**MAILING ADDRESS:**  
 P.O. BOX 39  
 ODANAH, WI 54861  
**FAX:**  
 (715) 685-7118  
**Phone**  
 (715) 682-7111

## APPLICATION FOR EMPLOYMENT

- **Answer all questions completely. Any application received incomplete or after the closing date may not be considered for employment.**
- **Review the MINIMUM QUALIFICATIONS for the position you are applying for. If you do not meet the minimum qualifications, you will not be considered for the position.**
- **Applications are kept on file for a period of 120 days. After 120 days you must submit a new application.**
- **Drug-Free Workplace in accordance with the Drug Free Workplace Act of 1988, P.L. 100-690 and the Bad River Tribe's Employee Policy & Procedure Handbook. Indian Preference will be given in accordance with P.L. 93-638 and the Tribe's preference Policy.**
- **Federal law requires that all applications be considered without regard to race, religion, color, sex, age or national origin. The Bad River Band of Lake Superior Tribe of Chippewa Indians is an equal opportunity employer, subject to the provisions of P.L. 93-638/Indian Preference Act.**

**Transfer/Promotion:** Please check here to be considered as a transfer/promotion applicant.

Position Applying For:			
1.)	2.)	3.)	Date:
Last Name:	First Name:	Full Middle Name:	(Suffix ex. Jr, III)
Mailing Address:	City:	State:	Zip Code:
Tribal Affiliation:		Enrollment Number:	
Email Address:	Home Phone Number:	Cell Phone Number:	

**NOTE: If an email address is provided, we will use this address for communication purposes.**

(Applicant will be requested to provide documentation of enrollment status to comply with P.L. 93-638/Indian Preference act.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 Years or Older?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed here before? If yes, what position?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now? If yes, may we contact your current employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on layoff and subject to recall?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to attend job related training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel as the job may require at times?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? If yes, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE TO THE APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING</b> Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

**Special Skills and Qualifications:** Summarize Special Skills and qualifications acquired from employment or other experiences:

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**References (Preferred professional):**

1.

(Name)	(Phone)
(Address)	(Email)

2.

(Name)	(Phone)
(Address)	(Email)

3.

(Name)	(Phone)
(Address)	(Email)

<b>Education Information:</b>	Name and Address of School	Course of Study	Years Completed	Confer Date
High School		General		
College or Technical Education			Credits Completed	
College or Technical Education			Credits Completed	

Additional information you feel may be helpful:

**Employment History: (Stating with your most current position)**

**1.)Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Month/Year Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Separation:** \_\_\_\_\_

**Summarize job duties/responsibilities:** \_\_\_\_\_

**2.)Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Month/Year Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Separation:** \_\_\_\_\_

**Summarize job duties/responsibilities:** \_\_\_\_\_

**3.)Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Month/Year Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Separation:** \_\_\_\_\_

**Summarize job duties/responsibilities:** \_\_\_\_\_

Check the following boxes if you are attaching additional documents. As requested per job description.

- Resume       Cover Letter       Transcript(s)       Letter(s) of Reference
- Copy of Diploma       Copy of License       Copy of Certification(s)       Documentation of Enrollment Status

If hired, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United states? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Proof of citizenship or immigration status is requested upon employment.)
<b>Note: A Social Security Card is not required to establish work eligibility, however, it must be presented upon hire for payroll purposes.</b>	

<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Driver's License Number:</b>	<b>State:</b>

**ACKNOWLEDGEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information is given on my application of interview may result in discharge without recourse. I also understand that I am to abide by the Personnel Policies and Procedures of the Bad River Band of Lake Superior Chippewa Indians.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Bad River Tribe in order to meet with their policy regarding the selection of applicants for employment.

- I further authorize and give full permission to have the Bad River Tribe and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Bad River Tribe. I further agree to and hereby authorize the release of the results of said tests to the Bad River Tribe.
- I understand that it is the current use of illegal drugs that would prohibit me from being employed by the Bad River Tribe.
- I further agree to hold harmless the Bad River Tribe and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Bad River Tribe's consideration of my application of employment.
- I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.
- I have carefully read the foregoing and fully understand its contents. I acknowledge that by signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.
- The cost for the drug and alcohol testing will be \$75.00 per drug screening. This fee can't be waived, and the money is non-refundable.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **RELEASE OF INFORMATION**

I, \_\_\_\_\_ Herby authorize the Bad River Tribe to conduct a “Background Security Check,” to meet conditions of the employment with the Bad River Tribe, and understand this information is valid for the duration of my employment with the Bad River Tribe.

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_

**(Please list all driver license numbers and states you have been issued a license in within the past 5 years)**

Signature: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

All information gathered by the Employee Background Investigation Department will be confidential.