



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

IN HOUSE APPLICATION

Government Employees only

Date of Application:

Applications that are incomplete will not be accepted. Any application that contains false information or if there is failure to accurately provide information requested will be immediately rejected for employment or if hired the employee will be terminated without notice. Grand Traverse Band of Ottawa and Chippewa Indians Government abides by Indian Preference in employment decisions by consideration of GTB Members first and all other Native Americans from a Federally Recognized Tribe second.

PERSONAL INFORMATION

Telephone 1: _____

Telephone 2: _____

Last Name First Name Middle Name

Address City State Zip Code

Current Mailing address if different than above: PO Box or Street Address, City, State, Zip Code

Tribal Affiliation and Enrollment No.:

Employee Badge Number:

Personal Email Address (non-work please):

**Note: In order to recognize Indian Preference, applicant must provide copy of Tribal Enrollment Card or Certificate of Indian Blood Quantum of a Federally Recognized Tribe in accordance with Indian Preference Act of 1934 (25 USC 472) (PL 93-638) Tribal Preference.

POSITION INFORMATION

Position Applying For: Length of experience: Length of related experience:

Employment Status Preference: Full-Time Part-Time Temporary Seasonal On-Call

Dates/times available to interview:

CURRENT POSITION INFORMATION

Current Position: Supervisor:

Department: Sub-department: Length of employment:

GENERAL INFORMATION

1. How did you hear about this position?

- Walk-In Web Site Social Media Employee Referral Advertisement Other

2. Do you have a valid driver's license? Yes No If yes, which state?

3. Please indicate any special skills you may have that relate to the position you are applying for:

- Accounting Computer Microsoft Office Adding Machine Typing Dictating Machine Other



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4. Do you speak or write any other languages? Yes No
Language: _____ Speak Write Read

UNITED STATES MILITARY SERVICE

Branch: _____ Rank: _____ Job/Type of Duty: _____ Reserve Status: _____

EDUCATION

Name	City, State	Grade Completed	Graduate?
High School		<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD – OR ATTACH RESUME

Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:
Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:

A BACKGROUND CHECK IS REQUIRED FOR ALL EMPLOYMENT WITH THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS. THIS APPLICATION WILL RESULT IN AN EXTENSIVE BACKGROUND CHECK.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I certify that the answers given by me to the above questions and statements are true and correct. I understand it is policy of the Grand Traverse Band of Ottawa and Chippewa Indians to consider all the information supplied by the applicant in addressing his or her qualifications for employment. In completing this application, I realize that my character, reputation for honesty, habits, ability, records of convictions and reasons for leaving employment may be investigated and that persons who know me now and/or my past may be contacted and questioned about me. I authorize anyone who may furnish any information concerning my character, habits, ability, criminal convictions, or reasons for leaving any employment shall not be responsible for any loss or damage that I may suffer in consequences thereof. It is also understood that application and/or employment history information will be shared and available to any and all GTB owned and operated entities for employment purposes. I further agree that any information obtained from any source will be held confidential by the Grand Traverse Band of Ottawa and Chippewa Indians except as required by law. I understand that any falsification, misinformation, or omissions on this application will be ground for termination. I understand that employment does not constitute a contractual relationship (expressed or implied) of any kind and that either the Grand Traverse Band of Ottawa and Chippewa Indians or I may terminate my employment for any reason at any time. I agree this understanding and agreement is not subject to oral or written change. I also understand and agree that my employment is for no definite period and may be terminated at any time without notice.

Applicant’s Signature: _____ **Date:** _____