



MENOMINEE INDIAN TRIBE OF WISCONSIN

PO Box 910

Keshena, WI 54135-0910

PHONE # (715) 799-5145 FAX # (715) 799-1364

Job Hotline (715) 799-4111

Apply Online WWW.MENOMINEE-NSN.GOV

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The Menominee Tribe does not discriminate on the basis of race, color, religion, sex, and age, national origin or handicap. However, persons of Indian Ancestry will be given preference by law.

(Please Print and Use Ink)

Date of Application: _____

Position Applied For: _____

Name: _____ DL # if applicable: _____
Last First Middle

Mailing Address _____
PO Box Number City State Zip

Telephone Number: _____ Secondary Telephone Number: _____
(Area Code) Number (Area Code) Number

E-Mail Address: _____

REFERENCES

Names, addresses and phone numbers of three persons, two professional & one personal, who you have known 5 years. Not previous employers.

Name Title or Position Address Phone Number, with area code

Please summarize Special Skills, Qualifications, Training or Certifications acquired from employment or other experiences:

Circle Highest Education Completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 or HSED GED College 1 2 3 4

	Name/Location	Area of Study Courses Studied	Did you Graduate?
High School			
College			
Graduate School Apprentice, Business or Vocational School			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Dates Mo. Yr.	Name, Address and Phone of Employer	Name of Supervisor (s)	Hourly Rate	Job Title/Duties Performed	Reason for Leaving
From _____ To _____			Start _____ End _____		
From _____ To _____			Start _____ End _____		
From _____ To _____			Start _____ End _____		
From _____ To _____			Start _____ End _____		

Have you been convicted of a felony within the last 7 years?

____ Yes ____ No

(Conviction will not necessarily disqualify applicant from employment.)

If, Yes, please explain _____

Veteran (Honorable Discharge) ? Yes No

Are you an enrolled Menominee? Yes No

If, Yes, Enrollment No#. (if known): _____

Are you employed now? Yes No

May we contact your present employer? Yes No

List professional, trade business or civic activities and offices held. (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status):

Application Statement

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.

I agree to allow MITW to check my driving record, if applicable.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute a specific document to that affect.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer. I understand, also, that if I am hired, that I will be subject to drug testing procedures and any other rules and regulations enforced by the employer.

Signature of Applicant

Date