

# KEWEENAW BAY INDIAN COMMUNITY

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Keweenaw Bay Tribal Center  
16429 Beartown Road  
Baraga, Michigan 49908  
Phone (906) 353-6623  
Fax (906) 353-7540

## 2015 TRIBAL COUNCIL

WARREN C. SWARTZ, JR., President  
JENNIFER MISEGAN, Vice President  
TONI J. MINTON, Secretary  
SUSAN J. LAFERNIER, Assistant Secretary  
DOREEN G. BLAKER, Treasurer

ROBERT "R.D." CURTIS, JR.  
EDDY EDWARDS  
RANDALL R. HAATAJA  
MICHAEL F. LAFERNIER, SR.  
GARY F. LOONSFOOT, SR.  
DON MESSER, JR.  
DONALD SHALIFOE, SR.

## ON-CALL VAN DRIVER

**ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED BY THE CLOSING DATE OR THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT**

- Completed Keweenaw Bay Indian Community application
- Copy of High School Diploma or Equivalent
- Copy of valid, unrestricted Michigan Driver's License
- If you are American Indian, you must attach a copy of tribal enrollment or proof of descendency
- If you are a Veteran, you must attach a copy of your DD214

Keweenaw Bay Indian Community  
Personnel Department  
16429 Beartown Road  
Baraga, MI 49908  
Phone: 906-353-6623  
Fax: 906-353-8068  
Email: [personnel@kbic-nsn.gov](mailto:personnel@kbic-nsn.gov)

**Distribution Date:** November 16, 2015

**Closing Date:** Open Continuous

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### POSITION ANNOUNCEMENT

**POSITION:**

**ON-CALL VAN DRIVER**

**LOCATION:**

Ojibwa Senior Citizens Center  
Baraga, MI

**SUPERVISORY CONTROL:**

Elderly Nutrition Director

**SALARY:**

Grade 2 (minimum starting wage = \$8.61/hour)

**QUALIFICATIONS:**

- High School Diploma or Equivalent. (This qualification may be waived for individuals 62 years of age or older who meet the remainder of the qualifications listed below.)
- Must have valid, unrestricted Michigan Driver's License, and a good driving record.
- Must be at least 18 years of age.
- Employment is contingent upon the satisfactory result of a Security Background Check, pre-employment drug testing, and pre-employment physical.

**INDIAN PREFERENCE:**

Preference will be given to qualified individuals of American Indian descent.

**VETERAN PREFERENCE:**

Preference will also be given to Veterans who do not have a bad conduct or dishonorable discharges (need DD214).

**MANDATORY REQUIREMENT:**

CPR Training

**SUMMARY:**

Transports Senior Citizens participating in Elderly Nutrition Program, and home-delivers meals prepared for home-bound Senior Citizens, by performing the following duties.

**DUTIES AND RESPONSIBILITIES:**

- Arrange and setup meals for home delivery.
- Delivers meals to elders of the tribe.
- Keep the van clean, washed and maintained on a regular basis.
- Check tires, oil, etc., daily.
- Assist cook when needed and check in with cook at end of shift.
- Other duties as assigned by supervisor.

*This position announcement summary is intended to indicate the kinds of tasks which will be required of this position and shall not be construed as declaring what the specific duties and responsibilities of the position will be. It is not intended to limit or modify the right of the supervisor to assign, direct and control the work of this position, nor to exclude other similar duties not mentioned that are of similar kind or level difficulty.*

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**LAKE SUPERIOR BAND OF CHIPPEWA INDIANS**

"Home of the Midnight Two-Step Championship"





# Keweenaw Bay Indian Community

16429 Beartown Road, Baraga, Michigan 49908  
Phone (906) 353-6623

## APPLICATION FOR EMPLOYMENT

Federal law requires that all application be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT. Applications are kept on file for six (6) months from the date they are submitted, additional information may be required.

Position(s) Applied For _____		Date _____	
Name _____		_____	
Last	_____	First	M.I. _____
Address _____		City, State, Zip _____	
Telephone ( ) _____		Social Security # _____	

Have you been employed by KBIC before?  Yes  No When? \_\_\_\_\_

Salary desired? \_\_\_\_\_ Willing to attend training?  Yes  No Date available to start? \_\_\_\_\_

Available to work?  Full-time  Part-time  Shift  Temporary  On-Call

Can you travel, as the job may require?  Yes  No Possess a Drivers License?  Yes  No

Are you age 18 or older?  Yes  No If under 18, can you furnish a work permit?  Yes  No

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship?  Yes  No

Are you an enrolled member of a Federally Recognized Indian Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which tribe? _____	Enrollment # _____
If no, are you of American Indian descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribal Descendency _____
Would you be interested in your application packet being forwarded to the TERO Office to be included in a job pool, so that you can be contacted regarding future job opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>** YOU MUST ATTACH A COPY OF YOUR TRIBAL ENROLLMENT OR PROOF OF DESCENDENCY **</b>	

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you on a lay-off?  Yes  No If so, are you subject to recall?  Yes  No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position(s) you are applying for?  Yes  No If yes, please explain \_\_\_\_\_

Have you received workers compensation during the last ten (10) years?  Yes  No

If yes, state the nature and date of injury, recurring effects, and degree of disability (applicant will be required to pass a job-related physical exam) \_\_\_\_\_

**MILITARY RECORD**

Have you ever served active duty in the Armed Forces of the United States?  Yes  No

Highest Rank attained \_\_\_\_\_ Branch of Military Service \_\_\_\_\_

Serial Number \_\_\_\_\_ Dates of Active Duty From \_\_\_\_\_ To \_\_\_\_\_

Type of and Basis for discharge \_\_\_\_\_ **You MUST attach a copy of your DD 214**

Member of Reserve?  Yes  No If yes,  Ready  Standby Service Branch \_\_\_\_\_

**COURT RECORDS**

Have you ever been convicted for violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law?  Yes  No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?  Yes  No

If you answered Yes to either question above, you are required to list all such matters:

Date	Place	Charge	Final Disposition	Details

Have you ever been convicted of a felony?  Yes  No If yes, when and please explain: \_\_\_\_\_

**EDUCATION**

Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<i>High School</i>						
<i>Colleges</i>						
<i>Graduate School</i>						
<i>Miscellaneous</i>						

**EMPLOYMENT**

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Kind of Work	Reason for Leaving
From	To			

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

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List any machines or equipment that you are qualified and experienced at operating: \_\_\_\_\_

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List any special licenses or certifications you currently possess: \_\_\_\_\_

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**REFERENCES**

Do not list relatives

Name	Address	Phone Number	Relationship (former employer, friend, co-worker, etc.)

**APPLICANTS UNDER THE AGE OF 18 MUST  
HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS PAGE**

**INFORMED CONSENT FOR DRUG AND ALCOHOL TESTING OF MINOR CHILD**

I am the parent/legal guardian of \_\_\_\_\_. I hereby consent to allow the Keweenaw Bay Indian Community to administer drug and alcohol tests to my child/ward pursuant to the Keweenaw Bay Indian Community Employee Drug and Alcohol Testing Policy, which requires pre-employment, random, post-accident, reasonable suspicion, return-to-work, and follow-up drug and alcohol testing.

I understand that the substances that will be tested for include, but are not limited to: marijuana, cocaine, amphetamines, opiates, phencyclidine, and alcohol.

I understand that the methods of testing include collection and chemical analysis of urine and breath samples.

I understand that drug and alcohol testing is a condition of employment with the Keweenaw Bay Indian Community, and that refusal to submit to any test, or a positive result on any test administered, will result in my child/ward not being considered a qualified applicant for employment, or, if employed, in disciplinary action against my child/ward up to and including terminations of employment.

I understand that test results will be released to the Medical Records Officer of the Keweenaw Bay Indian Community, the Keweenaw Bay Indian Community Human Resources/Personnel Department, and other authorized personnel of the Keweenaw Bay Indian Community.

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

\_\_\_\_\_  
(Please Print) Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

**INFORMED CONSENT FOR TUBERCULIN SKIN TEST OF MINOR CHILD**

I am the parent/legal guardian of \_\_\_\_\_. I hereby consent to allow the Keweenaw Bay Indian Community to administer a Tuberculin Skin test to my child/ward pursuant to Indian Health Codes providing for the prevention and control of communicable diseases.

I understand that the procedure will utilize the intradermal (Mantoux) injection test to diagnose and prevent communicable Tuberculosis by positive reactors. Our goal is to offer prompt diagnosis, prevent transmission of the infection to others in the community and suggest appropriate medical treatment to those infected with the disease.

I understand that the Tuberculin Skin Test is a condition of employment for certain positions (among those are health care workers, child care providers and food handlers) at the Keweenaw Bay Indian Community. Refusal to submit to the test or a positive result on the test could result in my child/ward not being considered a qualified applicant for employment.

I further understand that test results will be released to the Keweenaw Bay Indian Community Human Resources/Personnel Department and authorized personnel of the Keweenaw Bay Indian Community.

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

\_\_\_\_\_  
(Please Print) Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

# SECURITY BACKGROUND CHECK CONSENT FORM

As an employee, prospective employee, or volunteer of the **Keweenaw Bay Indian Community**, I understand it is your policy to secure criminal history information as part of your pre-employment and screening process using the information provided below:

NAME: \_\_\_\_\_  
(please print) LAST FIRST MIDDLE

Maiden Name or names previously used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

I understand the above information is required by the Keweenaw Bay Indian Community to for the sole purpose of obtaining a criminal history file search. Further, I understand some positions may require a federal criminal history check, especially those positions which include working with children, families, and the elderly.

I hereby authorize the **Keweenaw Bay Indian Community** to obtain information by conducting a Tribal, State and National criminal history check.

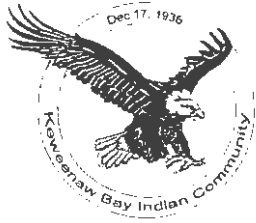
States, Tribal Communities, Providences, and Countries I have resided in are listed below:  
*(MUST BE COMPLETED OR SPECIFICALLY NOTED AS N/A.)*

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

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

### FOR OFFICIAL USE ONLY

Date sent to MSP: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to KBTC: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to KBDSS: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to MIFIA: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____
Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____



**AFFIDAVIT  
AND  
RELEASE OF INFORMATION**

***Please read carefully before signing.  
If you have any questions regarding the statements,  
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

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

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Information for Applicants for  
EAGLE RADIO**

Dear Applicant:

We sincerely appreciate your interest in employment with Eagle Radio, owned and operated by the Keweenaw Bay Indian Community.

The Federal Communications Commission requires broadcast licensees to keep records and file reports regarding employment applications and inquires of resume's received.

TO assist us in fulfilling that requirement, would you please take a moment to fill out the brief questionnaire below and return it to us. This information is voluntary and is strictly for our required posting purposes. It has no bearing whatsoever on your qualifications for employment and will not result in any adverse personnel action against you. THIS INFORMATION WILL NOT BE ATTACHED TO YOUR APPLICATION FOR EMPLOYMENT OR RESUME AND WILL NOT BE AVAILABLE TO THOSE EMPLOYEES WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT.

We would appreciate your assistance. If this form has been mailed to you, a self-addressed return envelope is enclosed for your convenience.

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*Please fill out this portion and return to us. Thank you.*

*Please print or type.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position sought: \_\_\_\_\_

Referred by: \_\_\_\_\_

*This information is for required Federal Communications Commission reporting purposes and has no bearing on your qualifications for employment.*