

## Keweenaw Bay Indian Community

16429 Beartown Road, Baraga, Michigan 49908  
 Phone: (906) 353-6623 **Personnel Office Fax: (906) 353-8068**  
**Email: Personnel@kbic-nsn.gov**

### APPLICATION FOR EMPLOYMENT

Federal law requires that all applications 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: (_____) _____ E-Mail address: _____	
How would you prefer to be contacted regarding your application? <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	

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

Possess a valid, unrestricted Driver's License?  Yes  No Can you travel, as the job may require?  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 proof of U.S. Citizenship?  Yes  No

<b>Are you an enrolled member of a Federally Recognized Indian Tribe?</b>		<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 _____	
<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 of violating any law, including any municipal ordinance; Tribal, State, or 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

Have you ever been convicted of a felony?  Yes  No

**If you answered yes to any of the questions above, you are required to list all such matters:**

Date	Place	Charge	Final Disposition	Details

**EDUCATION**

Do you possess a High School Diploma, GED, or Certificate of Completion?  Yes  No (Must provide documentation)

If no, are you a KBIC Member currently working on obtaining your GED?  Yes  No (Must provide documentation)

If no, are you 55 years of age or older?  Yes  No

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 HISTORY**

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Duties	Reason for Leaving
From	To			
		Supervisor Name: Phone: ( )	Job Title: Duties:	
		Name: Address: Phone: ( )	Title: Duties:	
		Name: Address: Phone: ( )	Title: Duties:	
		Name: Address: Phone: ( )	Title: Duties:	

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 your currently possess: \_\_\_\_\_

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**REFERENCES**

(Please provide contact information for three UNRELATED references):

	Name:	Relationship (how do you know this person)	Phone Number:
1			
2			
3			



# 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: \_\_\_\_\_      Gender:  Male  Female  
SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Driver's License #: \_\_\_\_\_      STATE: \_\_\_\_\_

Since the age of 18, have you ever resided outside of the United States (not including in the military)?  YES  NO

If yes, please list all countries that you have resided in as an adult: \_\_\_\_\_

Since the age of 18, have you ever resided outside of Michigan (not including in the military)?  YES  NO

If yes, please list all states that you have resided in as an adult (please include any Tribal communities that you have resided in):  
\_\_\_\_\_

I understand the above information is required by the Keweenaw Bay Indian Community for the sole purpose of obtaining a criminal history 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 Tribal, State, and National criminal history checks.

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

### FOR OFFICIAL USE ONLY

Date MSP: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:  Initials of individual reporting result: _____	Date KBTC: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:  Initials of individual reporting result: _____	Date KBTSS: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:  Initials of individual reporting result: _____	Date MIDHHS: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:  Initials of individual reporting result: _____
Date Other: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:	Date Other: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:	Date Other: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:	Date Other: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments:

CEO/PRESIDENT OFFICE LEVEL 1 APPROVAL:  Yes  No      Signature: \_\_\_\_\_      Date: \_\_\_\_\_



## **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 the Keweenaw Bay Indian Community 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 \_\_\_\_\_

Printed Name \_\_\_\_\_



# Keweenaw Bay Indian Community Screening Questionnaire

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Position Applying For: \_\_\_\_\_
- Volunteer/Location: \_\_\_\_\_
- Foster Parent/Household Name: \_\_\_\_\_

Please check the following if you have pled guilty, been found guilty or plead nolo contendere to any of the following:

YES / NO

**FELONY:** Any Crime of Violence – Assault/A & B/DV or other violent crime; Crime against person; Sexual Assault; Sexual Molestation; Sexual Exploitation, Sexual contact with or a prostitution crime; Any offense against a child or children; Any Drug related offenses.  
If yes, list date, court and conviction details: \_\_\_\_\_

**MISDEMEANOR:** Any Crimes listed above? – if yes - how many times \_\_\_\_\_ [use additional paper if needed]  
If yes, list date, court and conviction details: \_\_\_\_\_

Were you convicted of any Crimes of Theft, Embezzlement or any crime relating to money/goods?

Are you a Registered Sex Offender?

Will you be able to pass a Central Registry Check with KBIC or other Tribal Social Services?

Will you be able to pass a Central Registry Check with the State of Michigan or other state or Reservation you have resided on in the past 5 years? List States/Reservations: \_\_\_\_\_

Please list the charges referenced above – failure to not disclose required information may result in a negative result – use the back of this form if you need more space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date