

EMPLOYMENT APPLICATION



LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL GOVERNMENT

2608 GOVERNMENT CENTER DRIVE | MANISTEE MI, 49660
PHONE: (888) 723-8288 | FAX: (231) 331-1233 | HR: (231) 398-6859
WEBSITE: www.lrboi-nsn.gov
EMAIL: apply@lrboi-nsn.gov

Dear Applicant:

Boozhoo (Hello), Miigwetch (Thank You) for your interest in job opportunities with the LRBOI. We look forward to reviewing your application and qualifications. Please take a few moments to carefully read through the following instructions and notices. If you have any questions or concerns, please do not hesitate to contact the Human Resources Department at (231) 398-6859, or by emailing aliciagoff@lrboi-nsn.gov.

Instructions:

*If printing this form, please complete the application using blue or black ink. The information provided will be used to determine your qualifications. Missing, or illegible information may lead to a delay or loss of job opportunity. It is the responsibility of the Applicant to complete the application in its entirety, including signature and date. Applications and Indian Preference verification documents must be received by the Human Resources Department prior to the position's closing date and time to be accepted. **Incomplete applications will not be considered.***

Special Note: If you are interested in temporary assignments, please check the temporary box, and write "temp pool" in the position desired area.

Cover Letters and Resumes:

Please provide all documents with the original application submitted. This includes any applicable licensures, certifications, degree transcripts, etc.

Notice of Indian Preference in Employment:

In accordance with the Little River Band of Ottawa Indians' Ordinance #15-600-02, the Tribe applies Indian Preference in hiring activities. When claiming Indian Preference, an applicant must identify oneself in the proper category on the application and provide the documentation noted below. Following is the order in which preference is applied during the hiring process, as well as the customary documentation used to verify.

- 1. Tribal Members of the Little River Band of Ottawa Indians** – Tribal identification card.
- 2. Members of Federally Recognized Indian Tribes** – Tribal identification card.
- 3. Tribal Spouse of a Little River Band of Ottawa Indians Tribal Member** – Current and valid marriage license and a copy of spouse's tribal identification card, or **Tribal Parent** – Same documentation required for tribal spouse.
- 4. Tribal Descendant** (1st generation, biological parent must be a Little River Band of Ottawa Indians Tribal Member) – Birth certificate and a copy of parent's tribal identification card.
- 5. Non-preference** – If not claiming Indian Preference, or if not applicable, please continue onto the application.

Submission Information:

Please submit your completed application, cover letter, resume, and all other documentation to Human Resources via any of the following no later than the deadline specified in the vacancy announcement .

- **Online:** [LRBOI Employment Page](#) Complete the online application, upload applicable documents, and submit.
- **Mail:** LRBOI HR Department, 2608 Government Center Dr., Manistee, MI 49660
- **Email:** apply@lrboi-nsn.gov
- **Fax:** 231-331-1233
- **Hand Deliver:** LRBOI HR Department, 2608 Government Center Dr., Manistee, MI 49660

PERSONAL INFORMATION

Name: _____
 Last Name First Name Middle Name/Initial Suffix

Physical Address: _____
 Address City State Zip Code

Mailing Address: _____
 (If different) Address City State Zip Code

Primary Phone: _____ **Alternate Phone:** _____

Email Address: _____

TRIBAL AFFILIATION

Please refer to the Notice of Indian Preference in Employment section on page one for documentation requirements.

- Member of Little River Band | Tribal ID # _____
- Member of other Federally Recognized Tribe | Tribal ID # _____
- Tribal Parent or Spouse
- Tribal Descendant
- No Tribal Affiliation

GENERAL INFORMATION

Position(s) of interest: _____

Employment type desired: Full Time Part Time Temporary Internship
 (Check all that apply)

Expected Wage: _____ **Years of Related Experience:** _____

Have you been, or are you currently, employed by LRBOI, or any of its enterprises? Yes No
 If yes, please list title(s), department(s), and approximate dates of employment:

Do you have immediate family members employed by the LRBOI Government? Yes No
 If yes, please list name(s) and title(s):

Have you ever pled guilty, or no contest, or been convicted of a crime? Yes No
 If yes, please provide date(s) and details:

Can you perform the position(s) duties with, or without, reasonable accommodation? Yes No

If less than 18 years of age, can you provide proof of your eligibility to work? Yes No

Can you provide evidence of US Citizenship/legal right to work in the United States? Yes No

How did you hear about this position? _____

EDUCATION INFORMATION

Institution	Name of Institution City and State	Course of Study or Major	Completion Hours/Year	Diploma/Degree Pursuing
HS Diploma/GED				
College/University				
Graduate School				
Training/Trade/Etc.				

COMPUTER SKILLS

Software Programs	Proficiency Level	Comments
MS Word		
MS Excel		
MS PowerPoint		
MS Outlook		
MS Access		
Other		

CERTIFICATIONS, TRAINING, AND AWARDS

List any related certifications, training, or experience that may further qualify you for the position(s):

List any special recognition or awards that you received throughout your employment or academic history:

MILITARY EXPERIENCE

Branch	Rank at Discharge	Period of Active Duty	Date of Discharge
		From: To:	

Describe duties performed and /or training received that is applicable to the job for which you are applying:

REFERENCES

List three non-supervisory/non-related work references. If not applicable, list three non-related school or personal references.

Name	Company	Phone Number	Years Known

WORK EXPERIENCE

Include no more than ten years of work history. Upload additional employers with your supplementary documents.

Employer #1 (Current or Last):		Employer Address:	
Job Title:		Starting Pay:\$	Ending Pay:\$
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Employed: Month: Year:	Date Separated: Month: Year:	Supervisor's Name and Title:	Phone:
Full Time: Years: Months:	Part Time: Years: Months:	Describe your job duties most related to the position(s) for which you are applying:	
Last name while employed:	If part time/hours per week:		
Reason for leaving:			
Employer #2:		Employer Address:	
Job Title:		Starting Pay:\$	Ending Pay:\$
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Employed: Month: Year:	Date Separated: Month: Year:	Supervisor's Name and Title:	Phone:
Full Time: Years: Months:	Part Time: Years: Months:	Describe your job duties most related to the position(s) for which you are applying:	
Last name while employed:	If part time/hours per week:		
Reason for leaving:			

WORK EXPERIENCE CONTINUED			
Employer #3:		Employer Address:	
Job Title:		Starting Pay:\$	Ending Pay:\$
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Employed: Month: Year:	Date Separated: Month: Year:	Supervisor's Name and Title:	Phone:
Full Time: Years: Months:	Part Time: Years: Months:	Describe your job duties most related to the position(s) for which you are applying:	
Last name while employed:	If part time/hours per week:		
Reason for leaving:			
APPLICATION COMMENTS			
APPLICATION CONSENT			
<p><i>I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I authorize employers, educational institutions, associations, licensing boards, and others to furnish whatever details are available concerning my qualifications. I furthermore release such persons and organizations from any legal liability in making such statements. I authorize investigation of all statements made in this application and understand that any false information or documentation, or a failure to disclose information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed and false or inaccurate information discovered later. Lastly, I understand that this is an application for employment only and not a contract of promised employment.</i></p>			
Signature of Applicant: _____		Date Submitted: _____	