



**Little River Band of Ottawa Indians
Human Resources Department
Workforce Development Program**

2608 Government Center Manistee, Michigan 49660
Phone: (231) 398-6859 Fax: (231) 331-1233

CITIZEN INFORMATION: (Please Print Clearly)

Name: _____ Enrollment #: _____

Birthdate: _____ Driver License #: _____
MM/DD/YYYY

Enrollment Address: _____
Street City State Zip

Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____

Currently Employed: Yes or No (Circle choice) - Company Name: _____

Company Address: _____
Street City State Zip

Company Phone Number: _____ Supervisor's Name/Title: _____

If No, are you actively seeking employment? Yes or No (Circle choice)

Attending or Graduated College: Yes or No - If yes, name: _____
(Circle choice)

Degree Program: _____ Year of Completion _____

High School Diploma or GED? Yes or No Year? _____ Do you have a resume? Yes or No
(Circle choice) (Circle choice)

What are the areas of employment interest? _____

Do you have any trainings, licenses and/or certifications that would help you in attaining employment?
Yes or No
(Circle choice)

Please List Below:

Title	Type: T - L - C	Offered by	Date
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Brief Description

Title	Type: T - L - C	Offered by	Date
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Brief Description

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Brief Description

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Brief Description

Programs of Interest: Please review Program Guidelines for Eligibility and Purpose – Please check

- Career Assistance Voucher**
- Internship Hosting**
- Employment Daycare Assistance**
- Adult (18+) Employment/Work Experience**
- Youth (16-17) Employment/Work Experience**
- GED/Adult Education Completion Voucher**
- Internship Educational Grant**
- Development and Training**
- Vocational Assistance Award**

LIST FINANCIAL NEEDS/BARRIERS TO EMPLOYMENT – PURPOSE OF FUNDS:

Background/Pre-hire Process: To be filled out by tribal members seeking employment – program requirement.

A background application must be filled out in its entirety and turned into HR. HR will make an appointment with LRBOI Public Safety Department where fingerprints will be taken, an ICHAT/State of Michigan report run as well as a check through our LRBOI court system. It is then returned to HR where it is sent to our FBI handler where our federal check is done. Upon receiving the all the information, it will be adjudicated by our trained/certified adjudicator for review. If the results are less than favorable, the results will be reviewed with the applicant. The applicant will be contacted, if the results are favorable when first day of work will be.

A drug test will also be scheduled for the applicant (on the same day as fingerprinting) at the Munson Occupational Medical center – next to Munson Manistee Hospital. After the results are received, the applicant will be notified if the results are positive. At that time the course of action will be discussed with the applicant. If a negative result is received then you are cleared to move on in the process.

Authorization to Release Information:

As an applicant, to receive benefit(s) under the Workforce Development Program of the Little River Band of Ottawa Indians (LRBOI), I understand that there is certain information that will be required to be verified by the LRBOI HR Department. I authorize representatives of the LRBOI HR Department to confirm necessary information related to my submitted application, including for example but not limited to:

Membership status with Little River Band of Ottawa Indians
Confirmation of employment by my Employer
Work Schedule or Hours Worked

Salary information, including Hourly Wage
Benefits, if any, available through Employment
College Enrollment, GPA, Student Status

I further understand that there may be other information requests made by the HR Department to verify additional conditions of employment, or adverse information in the event of termination. I consent to the release of additional information in the event of termination. I consent to the release of additional information if or such additional information request is made.

I do hereby release any organization supplying confirmation to the HR Department, its associates and affiliates, including representatives or its employees from any and all liability that may arise in connection with this authorization.

I acknowledge and agree that the HR Director and /or HR Representative., on behalf of LRBOI, is the designated party that is authorized to obtain and receive information connected with this application for benefit(s).

I understand there is a pre-hire process, which is required, it will include a background application (fingerprinting) and a drug test An HR Representative will go over the background information, in the case of a less than favorable result does occur. If results that are less than favorable, I know this will prevent me from moving forward in the employment process for working in the program as LRBOI as my employer. I understand if this happens I may request a help in locating other employers that have a felon friendly program within located in the area I reside (if available).

I understand that this information is used to determine eligibility/suitability, for program participation and benefit award, and the information is confidential, and will not be shared with any other department or organization.

Printed Name

Signature

Date