



**EMPLOYMENT APPLICATION INSTRUCTIONS**  
LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL GOVERNMENT  
2608 GOVERNMENT CENTER DRIVE, MANISTEE, MI 49660  
PHONE: (888) 723-8288; FAX: (231) 398-9101

Dear Applicant:

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.

**Instructions:**

Please print clearly using a blue or black ink pen. 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 this 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 in order to be considered.

*\*Special Note:* If 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.

**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 Little River Band of Ottawa Indians** – *tribal identification card\**
2. **Members of Federally Recognized Indian Tribes** – *tribal identification card\**
3. **Tribal Descendant (1<sup>st</sup> generation, biological parent must be a Little River Band of Ottawa Indians Tribal Member)** – *birth certificate and copy of parent's tribal identification card\**  
**Tribal Spouse of a Little River Band of Ottawa Indians Tribal Member** – *current and valid marriage license and copy of spouse's tribal identification card\**

If not claiming Indian Preference, or if not applicable, please continue onto the application.

Submit your completed application, cover letter and resume, no later than the deadline date specified by the vacancy announcement to:

By mail - LRBOI HR Department, 2608 Government Center Dr, Manistee, MI 49660

By fax: (231) 331-1233

By email: [AliciaKnapp@lrboi-nsn.gov](mailto:AliciaKnapp@lrboi-nsn.gov)

Submissions that are not prior to the deadline date specified shall be excluded from consideration for that selection process.



## EMPLOYMENT APPLICATION

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PHONE: (888) 723-8288; FAX: (231) 398-9101

**Instructions:** Print clearly using an ink pen. It is the responsibility of the Applicant to complete this application in full, including signature and date, and furnish all requested information. The information provided will be used to determine your qualifications. Missing information may lead to a delay or loss of job opportunity. All applications must be received by the Human Resources Department prior to the position's closing date and time in order to be considered. Cover Letters and resumes are requested.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/PO Box (Apt) City, State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### TRIBAL AFFILIATION (if applicable) – INDIAN PREFERENCE APPLIES TO ALL HIRING FOR REGULAR POSITIONS

The Little River Band of Ottawa Indians recognizes three (3) Indian Preference categories in accordance with Ordinance # 14-600-02.

**When claiming Indian Preference, please check appropriate category. Applicants must provide documentation with application.**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Little River Band Tribal Member<br>(Tribal ID)                   | 3 <input type="checkbox"/> Tribal Descendant<br>(Birth Certificate and Tribal ID of parent) |
| 2 <input type="checkbox"/> Member of other federally recognized Indian Tribe<br>(Tribal ID) | 3 <input type="checkbox"/> Tribal Spouse<br>(Marriage License and Tribal ID of spouse)      |
| <input type="checkbox"/> I do not have a Tribal Affiliation.                                |   |

### GENERAL INFORMATION

Position(s) of interest: \_\_\_\_\_ Yrs. of Experience: \_\_\_\_\_

Employment type desired:  Full Time  Part Time  Temporary  Intern  
(please check all that apply) Expected Wage: \_\_\_\_\_

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

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

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

Can you perform the position duties, with or without reasonable accommodation, for which you are applying?  Yes  No

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

If hired, would you be able to present evidence US Citizenship or legal right to work in the United States?  Yes  No

How did you hear about this position? \_\_\_\_\_

EDUCATION INFORMATION				
Institution	Name, City, State	Course of Study/Major	Credit Hours Completed Or Year Finished	Diploma/Degree/ Currently Pursuing
High School or GED (circle one)				
College/University				
Graduate				
Technical/Trade/Other				

COMPUTER SKILLS					
Software Programs	Proficiency Level				Comments
MS Word	N/A	Beginner	Intermediate	Advanced	
MS Excel	N/A	Beginner	Intermediate	Advanced	
MS PowerPoint	N/A	Beginner	Intermediate	Advanced	
MS Outlook	N/A	Beginner	Intermediate	Advanced	
MS Access	N/A	Beginner	Intermediate	Advanced	
Other					

Words per minute typed:

**CERTIFICATIONS, TRAINING AND AWARDS**

Please list any related certifications, training, or experiences that may further qualify you for the position(s):

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Please list any special recognition or awards that you have received throughout your employment or academic history:

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**MILITARY EXPERIENCE**

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

Describe Duties/Training:

**REFERENCES**

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

Name	Company	Phone	Number of Years Known

**WORK EXPERIENCE – Include up to the past 10 years of work history, use separate sheet if necessary**

<b>Current or Last Employer:</b>		Address:	
Job Title:		Starting Pay: \$            per	Ending Pay: \$            per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs.        Mos.	Part Time? Yrs.        Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

<b>Employer #2:</b>		Address:	
Job Title:		Starting Pay: \$            per	Ending Pay: \$            per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs.        Mos.	Part Time? Yrs.        Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

<b>Employer #3:</b>		Address:	
Job Title:		Starting Pay: \$            per	Ending Pay: \$            per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs.        Mos.	Part Time? Yrs.        Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

**APPLICANT CONSENT**

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 detail is available concerning my qualifications, and 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 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. I further understand this is an application for employment and no contract of employment is being offered.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_