



Position Desired

**Job Application**

**1. PERSONAL INFORMATION**

Name in Full (Last, First, Middle):			Social Security Number:	
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Address (Apartment, Street, P.O. Box):			Home Telephone Number:	
City:	State:	Zip Code:	Sex:	
Drivers License # :	Insurance Company:	Tribe Enrolled:	Date Available:	

Are you over the age of 18?  Yes  No

Are you a United States citizen?  Yes  No

Do you have a valid Wisconsin driver's license?  Yes  No

Are you currently Employed?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment)

May we contact your present/past employer (s)?  Yes  No

ALL APPLICANTS FOR EMPLOYMENT WITH THE RED CLIFF TRIBE MAY BE SUBJECT TO THE BACKGROUND INVESTIGATION AND OTHER REQUIREMENTS OF RCCL CHAPTER 43, AND THAT YOU ARE UNDER CONTINUING OBLIGATION TO SUPPLEMENT THIS APPLICATION FOR EMPLOYMENT WITH INFORMATION CONCERNING ANY CONVICTIONS THAT OCCUR AFTER COMMENCEMENT OF EMPLOYMENT WITH THE TRIBE.

**2. EDUCATION & TRAINING**

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					

Graduate School			

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

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**3. EMPLOYMENT**

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____	From      To  Full-Time <input type="checkbox"/>  Part-Time <input type="checkbox"/>  Annual Salary/Wages: _____	Duties   Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____	From      To  Full-Time <input type="checkbox"/>  Part-Time <input type="checkbox"/>  Annual Salary/Wages: _____	Duties   Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____	From      To  Full-Time <input type="checkbox"/>  Part-Time <input type="checkbox"/>  Annual Salary/Wages: _____	Duties   Reason for Leaving

**References**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW**

I certify that the answers given are true and complete to best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also that I am required to abide by all regulations of the employer

Applicant's signature: \_\_\_\_\_

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