



APPLICATION FOR EMPLOYMENT

4428 Haines Road ~ Duluth, MN 55811-1524
Phone 218-722-8907 ~ Fax 218-722-7003
www.1854treatyauthority.org

Date of Application: _____

Position Applied for: _____

Name: _____

Address: _____

Telephone: _____

Have you ever applied here before? _____ Yes _____ No

Are you employed now? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No

Are you a member of a Federally recognized Indian Tribe? _____ Yes _____ No

Which Tribe? _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work
_____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Are you willing to attend job related training? _____ Yes _____ No

Can you travel, as the job may require? _____ Yes _____ No

Valid Driver's License # _____ State _____

Liability Insurance _____ Yes _____ No

Access to vehicle? _____ Yes _____ No

List professional, trade, business or civic activities and offices held:

REFERENCES (Write name, address, and telephone number of three (3) individuals who are not related to you or previous employers)

1.

2.

3.

State any additional information you feel that may be helpful to us in considering your application for employment. (Use an additional page if necessary)

Summarize special skills and qualifications from employment or other experience:

EMPLOYMENT EXPERIENCE

1. Employer _____ Dates Employed _____

Address _____

Former Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

2. Employer _____ Dates Employed _____

Address _____

Former Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

3. Employer _____ Dates Employed _____

Address _____

Former Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed _____

EDUCATION

1. School Name _____

Years Completed (*please select one*)

Other _____

Diploma/Degree _____

Course of Study _____

2. School Name _____
Years Completed (*please select one*)
Other _____
Diploma/Degree _____
Course of Study _____
3. School Name _____
Years Completed (*please select one*)
Other _____
Diploma/Degree _____
Course of Study _____

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation 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 and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I also understand that I am to abide by the Personnel Policies and Procedures of the 1854 Treaty Authority.

Applicant's Signature

Date