

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

Employment History (Please start with your most recent employer)

| | | |
|---|------------------------------|---------------------|
| Employer Name: | Job Title: | Start & End Date: |
| Employer Address: | Supervisor's Name and Title: | Telephone #: |
| City, State, and Zip: | Starting and Final Wage: | Reason for Leaving: |
| Duties performed and knowledge or skills gained from this experience: _____ _____ _____ | | |
| Employer Name: | Job Title: | Start & End Date: |
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Duties performed and knowledge or skills gained from this experience: _____

In addition to your work history, what other experiences, skills, or qualifications do you possess which would qualify you for work with our company: _____

Have you ever been convicted of a misdemeanor or felony? Yes No
(Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.)

If yes, please explain fully:

References (List 2 professional and 1 personal reference, that you have known at least 1 year.)

| Name | Address | Phone Number | Years Acquainted |
|------|---------|--------------|------------------|
| | | | |
| | | | |
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If Job Description requires a valid Driver's License you must fill out below.

Do you possess a valid Driver's License? Yes No D.L. # _____ State _____

Have you had any moving violations in the last 3-5 years? Yes No

If yes, when & what: _____

Have you ever had your Driver's License to operate a motor vehicle denied, revoked, or suspended? Yes No

If yes, when: _____

Authorizations and Acknowledgements

I certify that the facts contained in this Application for Employment are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from utilization of such information.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

By my signature below I authorize Menominee Tribal Enterprises to obtain my motor vehicle report, either by the company or their insurance agent, to be used to determine my eligibility for either employment purposes, the right to operate a company vehicle, or my personal vehicle on behalf of Menominee Tribal Enterprises.

This authorization applies as long as the above company employs me.

Applicant's Signature

Date

HR USE ONLY:

Date Application In: _____

Application Complete: YES NO

Date Applicant notified of missing materials: _____

Method: Phone Email Mail

Date Application fully completed: _____

Screening Date: _____