



Nottawaseppi Huron Band of the Potawatomi

A Federally Recognized Tribal Government

ELIGIBILITY FOR INDIAN PREFERENCE AND EQUAL EMPLOYMENT OPPORTUNITY

The Nottawaseppi Huron Band of the Potawatomi is a Federally Recognized Tribal Government that has adopted an Indian Preference in Employment Code, which requires that With Indian preference as the exception, the NHBP has also adopted a Fair Employment Practices Code, by which the NHBP legally obligates itself as an equal opportunity employer and prohibits discrimination against any qualified applicants on the basis of genetics, age, race, color, gender, national origin, religion, pregnancy, handicap or disability, veterans and/or veteran status.

In our efforts to assure compliance with legal mandates of Indian preference followed by all other equal opportunity qualifiers stated above, the following information is requested. This information will be maintained as confidential information apart from employment applications and personnel records. Please be assured that other than information that may be required to confirm your eligibility for Indian preference, all other information you may provide is voluntary. If you are a Tribal Member of the Nottawaseppi Huron Band of the Potawatomi; parent or spouse of a NHBP Tribal Member; or an enrolled Member of another Federally Recognized Tribe; you must be able to provide verifiable documentation before you can receive preference.

NAME: _____
Last *First* *Mi*

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

APT. #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____

DATE: _____

GENDER: *(Check One)*

Female

Male

INDIAN PREFERENCE: *(Check One)*

- Are you a NHBP Tribal Member? () Yes () No. If yes, please provide a copy of your enrollment card.
- Are you currently married to a NHBP Tribal Member? () Yes () No. If yes, please provide evidence (i.e. Marriage Certificate; Joint Tax Return)
- Are you the parent (biological or adoptive) of a minor NHBP Tribal Member that you financially support? () Yes () No. If yes, please provide documentation (i.e. Support Order; verification from NHBP Enrollment Office)
- Are you Alaska Native (Not Hispanic or Latino) - who maintains Tribal affiliation or community attachment. () Yes () No

Are you an enrolled Member of another Federally Recognized Tribe or an enrolled Member of the Grand River Band of Ottawa or Burt Lake Band of Ottawa/Chippewa Indians? () Yes () No . If yes, please provide the following:

- Tribal affiliation: _____
- Contact person and phone number for verification of enrollment status:

- Enrollment number issued by the Tribal government or BIA _____ (copy of Enrollment ID/card); or
- Notarized letter or resolution from the government of Tribal Member enrollment (please attach).

POSITION APPLIED

FOR: _____

Signature: _____