



Nottawaseppi Huron Band of the Potawatomi

A Federally Recognized Tribal Government

APPLICATION FOR EMPLOYMENT – Phase I

Please print in ink

Date: _____

All hiring, training, development and promotions within the Tribe shall include preference criteria which creates employment opportunities and pathways for promotions and learning to increase management opportunities for qualified applicants and/or qualified employees *who are Tribal Members, parents or spouses of Tribal Members and enrolled Members of other Federally Recognized Tribes*. With this as an exception NHBP is an equal opportunity employer and does not discriminate 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 completing this application should you have questions or need help, please contact Human Resources.

POSITION APPLIED FOR: _____ Salary Desired: _____
Please be specific

AVAILABILITY:

When would you be available to begin work? _____ Can you work overtime? YES NO

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME PART TIME

PERSONAL

Name: _____
Last First Middle

Address: _____
Street City State County Zip Code

Phone Numbers/e-mail: _____
Home Work Cell E-mail

Are you over the age of 18? YES NO (If no, you may be required to provide authorization to work)

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment.)

Do you have any immediate family members currently employed by NHBP? YES NO
If yes, please name them: _____

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School or GED				
College/University				
Graduate Work				
Vocational or Trade School				
Other (Please explain)				

EMPLOYMENT (Start with your present or most recent position and work backwards for the last 10 years or 18 years of age, whichever comes first.)

Name of Employer:		Your Title:	Telephone Number: ()	
Full Address: (Including Street, City, State & Zip)			Supervisor's Name and Title:	
Date Employed "From" Month/Day/Year	Date Employed "To" Month/Day/Year	Rate of Pay Beginning	Final	
Reason for Leaving:				
Describe the Work Performed:				

May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Employer		Your Title:	Telephone Number: ()	
Full Address (Including Street, City, State & Zip)			Supervisor's Name and Title:	
Date Employed "From" Month/Day/Year	Date Employed "To" Month/Day/Year	Rate of Pay Beginning	Final	
Reason for Leaving:				
Describe the Work Performed:				

May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Employer		Telephone Number: ()		

Full Address (Including Street, City, State & Zip)		Your Title:	Supervisor's Name and Title:
Date Employed "From" Month/Day/Year	Date Employed "To" Month/Day/Year	Rate of Pay Beginning	Final
Reason for Leaving:			
Describe the Work Performed:			

May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			

I understand that completion of this Application for Employment does not guarantee that I will be employed by the NHBP. I understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the NHBP is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by the Executive Director and the Tribal Council of the NHBP.

I understand that this application for employment is simply Phase 1 of the recruitment process and that no employment offer or contract is being offered.

Applicant Signature

Date