

MILITARY RECORD

Have you ever served active duty in the Armed Forces of the United States? Yes No

Highest Rank attained _____ Branch of Military Service _____

Serial Number _____ Dates of Active Duty From _____ To _____

Type of and Basis for discharge _____ **You MUST attach a copy of your DD 214**

Member of Reserve? Yes No If yes, Ready Standby Service Branch _____

COURT RECORDS

Have you ever been convicted for violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law? Yes No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes No

If you answered Yes to either question above, you are required to list all such matters:

Date	Place	Charge	Final Disposition	Details

Have you ever been convicted of a felony? Yes No If yes, when and please explain: _____

EDUCATION

Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<i>High School</i>						
<i>Colleges</i>						
<i>Graduate School</i>						
<i>Miscellaneous</i>						

EMPLOYMENT

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Kind of Work	Reason for Leaving
From	To			

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

List any machines or equipment that you are qualified and experienced at operating: _____

List any special licenses or certifications your currently possess: _____

REFERENCES

Do not list relatives

Name	Address	Phone Number	Relationship <small>(former employer, friend, co-worker, etc.)</small>

**APPLICANTS UNDER THE AGE OF 18 MUST
HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS PAGE**

INFORMED CONSENT FOR DRUG AND ALCOHOL TESTING OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer drug and alcohol tests to my child/ward pursuant to the Keweenaw Bay Indian Community Employee Drug and Alcohol Testing Policy, which requires pre-employment, random, post-accident, reasonable suspicion, return-to-work, and follow-up drug and alcohol testing.

I understand that the substances that will be tested for include, but are not limited to: marijuana, cocaine, amphetamines, opiates, phencyclidine, and alcohol.

I understand that the methods of testing include collection and chemical analysis of urine and breath samples.

I understand that drug and alcohol testing is a condition of employment with the Keweenaw Bay Indian Community, and that refusal to submit to any test, or a positive result on any test administered, will result in my child/ward not being considered a qualified applicant for employment, or, if employed, in disciplinary action against my child/ward up to and including terminations of employment.

I understand that test results will be released to the Medical Records Officer of the Keweenaw Bay Indian Community, the Keweenaw Bay Indian Community Human Resources/Personnel Department, and other authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature

INFORMED CONSENT FOR TUBERCULIN SKIN TEST OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer a Tuberculin Skin test to my child/ward pursuant to Indian Health Codes providing for the prevention and control of communicable diseases.

I understand that the procedure will utilize the intradermal (Mantoux) injection test to diagnose and prevent communicable Tuberculosis by positive reactors. Our goal is to offer prompt diagnosis, prevent transmission of the infection to others in the community and suggest appropriate medical treatment to those infected with the disease.

I understand that the Tuberculin Skin Test is a condition of employment for certain positions (among those are health care workers, child care providers and food handlers) at the Keweenaw Bay Indian Community. Refusal to submit to the test or a positive result on the test could result in my child/ward not being considered a qualified applicant for employment.

I further understand that test results will be released to the Keweenaw Bay Indian Community Human Resources/Personnel Department and authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature



AFFIDAVIT AND RELEASE OF INFORMATION

***Please read carefully before signing.
If you have any questions regarding the statements,
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature _____

Date _____

**Information for Applicants for
EAGLE RADIO**

Dear Applicant:

We sincerely appreciate your interest in employment with Eagle Radio, owned and operated by the Keweenaw Bay Indian Community.

The Federal Communications Commission requires broadcast licensees to keep records and file reports regarding employment applications and inquires of resume's received.

To assist us in fulfilling that requirement, would you please take a moment to fill out the brief questionnaire below and return it to us. This information is voluntary and is strictly for our required posting purposes. It has no bearing whatsoever on your qualifications for employment and will not result in any adverse personnel action against you. THIS INFORMATION WILL NOT BE ATTACHED TO YOUR APPLICATION FOR EMPLOYMENT OR RESUME AND WILL NOT BE AVAILABLE TO THOSE EMPLOYEES WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT.

We would appreciate your assistance. If this form has been mailed to you, a self-addressed return envelope is enclosed for your convenience.

Please fill out this portion and return to us. Thank you.

Please print or type.

Name: _____

Address: _____

Position sought: _____

Referred by: _____

This information is for required Federal Communications Commission reporting purposes and has no bearing on your qualifications for employment.