



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

In order to be considered for employment with the Grand Traverse Band Government Operations, you **MUST COMPLETE** all of the following forms:

- **Employment Application** – Please make sure your social security number is included in the space provided and that the application is signed and dated.
- **Non-Expiring Authorization and Release Form**
- **Character Investigation Consent & Notice Form (two pages)**
- **Form Pursuant to Public Act 68 and Public Act 83**

Please include a **copy of your driver's license and social security card** along with the application materials.

If you wish to claim Tribal or Indian preference, you must also include a copy of your Tribal ID.

If you have any question regarding the application process you should contact:

- ◆ Anna Miller, Recruiter - (231) 534-7411

Thank you for your interest in working for the Grand Traverse Band.

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

Pursuant to Public Act 68 of 1993 and/or Public Act 83 of 1995, I

_____, Represent that (check one)

1. I have not been convicted of, or pled guilty or nolo contendere (no contest), to any crime(s) and/or misdemeanor(s).

2. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crime(s) and/or misdemeanor(s) (use separate sheet to explain nature of conviction, date and court):

a. _____

b. _____

c. _____

I understand and agree that pursuant to Public Act 68 of 1993 and/or Public Act of 1995:

- (1) The Grand Traverse Band of Ottawa and Chippewa Indians (employer must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and/or the Federal Bureau of Investigation (FBI);
- (2) Until that report is received and reviewed by the Grand Traverse Band, if the Grand Traverse Band employs me, that employment is conditional and I am regarded as a conditional employee, and
- (3) If the report received from the Michigan Department of State Police or the FBI is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crime(s) of which I have been convicted, my employment is voidable at the option of the Grand Traverse Band of Ottawa and Chippewa Indians. If the Grand Traverse Band discontinues my employment (and any attendant contractual statutory and/or common law rights) shall be considered terminated and the Grand Traverse Band of Ottawa and Chippewa Indians, it's Tribal Council, administrators, employees and agents shall not be liable for the termination of my employment.

Signature _____ Date _____



**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS
CHARACTER INVESTIGATION CONSENT & NOTICE**

25 USCS 3207. Character Investigation.

- 1) By Secretary of the Interior and Secretary of Health and Human Services. The Secretary of the Interior and Secretary of Health and Human Services shall:
 - a) Compile a list of all authorized positions within their respective departments the duties and responsibilities of which involve regular contact with, or control over Indian children.
 - b) Conduct an investigation of the character of each individual who is employed, or is being considered for employment, by the respective Secretary in a position listed pursuant to paragraph (1) and
 - c) prescribe by regulations minimum standards of character that each of such individuals must meet to be appointed to such positions.
- 2) Criminal records. The minimum standards of character that are to be prescribed under this section shall ensure that none of the individuals appointed to positions described in subsection (a) have been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact of prostitution, or crimes against persons.
- 3) Investigations by Indian tribes and tribal organizations. Each Indian tribe or tribal organization that receives funds under the Indian Self-Determination and Education Assistance Act or the Tribally Controlled Schools Act of 1938 [25 USCS Section 2501 et seq.] shall
 - a) conduct an investigation of the character of each individual who is employed, or is being considered for employment, by such tribe or tribal organization in a position that involves regular contact with, or control over, Indian children, and
 - b) employ individuals in those positions only if the individuals meet standards of character, no less stringent than those prescribed under subsection (a), as the Indian tribe organization shall establish.

I have read and understand the foregoing statute _____(initial), _____(date).



**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS
CHARACTER INVESTIGATION CONSENT & NOTICE**

Read each statement and initial each to signify your understanding and consent

I understand that the position that I am applying for involves regular contact with, or control over Indian children.
(_____initial).

I have no pending or anticipated civil or criminal actions against me. (_____initial).

I hereby agree to be photographed and finger printed. (_____initial).

I hereby swear under oath that I will abide by all applicable tribal and federal laws, regulations and policies.
(_____initial).

I have read and I understand and approve of the following Privacy Act notice:

*In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 25 USC 3201 et seq. Indian Child Protection and Family Violence Prevention Act. * The purpose of the requested information is to determine the eligibility of individuals to be employed in a childcare related position. The information will be used by the Tribe and staff who have need for the information in the performance of their official duties. The information may be directed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or agency in connection with the hiring or firing of an employee, the issuance or revocation of a child care license or investigations of activities while associated with a tribe or a child care operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a child care position. (_____initial).*

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

I have read and I understand and approve of the following False Statement notice:

A false statement on any part of this application may be grounds for not hiring you, or for firing you after you begin work. (_____initial).

I hereby give permission for the Grand Traverse Band of Ottawa and Chippewa Indians or its designee to request any documents or other information required to completely investigate my background, including my criminal record, civil and criminal judgments and credit history. (_____initial).

I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing. (_____initial).

Print Name

Signature

Date



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS GAMING COMMISSION



DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as a employee. In the event that information from the report is utilized in whole or in part, in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description, in writing, of your rights under the law.

NON-EXPIRING AUTHORIZATION AND RELEASE

As an employee, prospective employee, volunteer or prospective volunteer, I understand that information may be requested as to my character, employment, including job performance and work habits, and other personal history. I further understand that you may be requesting information regarding my motor vehicle driving history, workers' compensation claims, credit and criminal history and other public records.

I agree that any false information in support of my application for employment may subject me to being discharged at any time during my employment. I hereby authorize and release from all liability without reservation, the Grand Traverse Band of Ottawa and Chippewa Indians, and any law enforcement agency, administration, State/Federal agency, institution, employers, (prior and present), insurance company, or person gathering or furnishing the above information

By my signature below, I acknowledge receipt of the notification for the DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT and the NON-EXPIRING AUTHORIZATION AND RELEASE and I hereby authorize the Grand Traverse Band Background Investigations Unit to obtain a consumer report about you in order to consider you for employment.

A photographic or FAX copy of this authorization may be deemed the equivalent of the Original

(Enter legal, full name)

Form with fields for Last Name, First Name, Middle, Social Security Number, Drivers License Number, State Issued, Current Address, City, State, Zip Code, Race, Sex, Date of Birth, Maiden/Other Names Used

List all former states/Foreign Countries of Residency:

Signature Date

Note: Must be accompanied by copies of Drivers License and Social Security Card. Resident Alien Card, Birth Certificate, Passport or other documents are required in some instances.

For Official Use Only Government EDC

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

TRAVERSE BAY ENTERTAINMENT
EMPLOYMENT APPLICATION

Person ID: _____	DE by: _____
Date: _____	Sent to BG: _____
Initials: _____	
Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
GTB Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applications not filled out completely to the best of your ability will be rejected. Any applicant will be immediately rejected for employment or, if hired, terminated without notice for giving false information on this application or failing to accurately provide information requested.

DATE OF APPLICATION / /

Employment Desired (circle one) TCC Entities LSC Entities EDC Lodging Eagletown GOV'T OTHER

PERSONAL INFORMATION:

NAME _____ SOCIAL SECURITY NUMBER: _____

Last First Middle

STREET ADDRESS CURRENT MAILING ADDRESS (If different from present street address)

P.O. Box or Street Address

CITY STATE ZIP City State

TELEPHONE TRIBAL AFFILIATION & ROLL # Must provide Copy of Tribal Enrollment Card or Certificate of Indian Blood Quantum of a Federally Recognized Tribe in accordance with the Indian Preference Act of 1934 (25 USC 472) (PL 93-638) Tribal Preference.

POSITION INFORMATION:

POSITION APPLIED FOR: EXPERIENCE: YEARS/MONTHS SHIFT PREFERRED: SALARY DESIRED:

SECONDARY POSITION APPLIED FOR: EXPERIENCE: YEARS/MONTHS SHIFT PREFERRED: SALARY DESIRED:

WILL YOU WORK ANY SHIFT? SHIFT PREFERRED: TYPE OF WORK DESIRED:
Grave Day Full Time Part Time Swing Other Temporary/Seasonal

GENERAL INFORMATION:

Name and Address of person to be notified in case of Emergency: TELEPHONE NUMBER: _____

ADDRESS CITY STATE ZIP CODE

WHY DID YOU SEEK EMPLOYMENT WITH THE GRAND TRAVERSE BAND?

Walk In (Own Accord) Employee Referral Advertisement Web Site Previous Employee Other (Explain)

HAVE YOU EVER BEEN EMPLOYED BY GTB/GAMING COMM? YES _____ NO _____ IF YES, GIVE POSITION ORIGINAL DATE OF HIRE DATE LAST WORKED NAME WHILE EMPLOYED IF DIFFERENT
Supervisor: _____

AGE (IF UNDER 21) IF YOU ARE AN ALIEN, DO YOU HAVE THE LEGAL RIGHT TO REMAIN IN THE U.S. TO WORK? YES _____ NO _____ ALIEN REGISTRATION 1-94 OR VISA NUMBER
Must provide a copy of your Resident Alien Card or Visa with the application

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ IF YES, PLEASE EXPLAIN: Do You Currently Work For G.T.B.?

UNITED STATES MILITARY SERVICE:

BRANCH RANK LIST JOB OR TYPE OF DUTY RESERVE STATUS

EDUCATION:

NAME OF SCHOOL	CITY	STATE	CIRCLE GRADE COMPLETED	GRADUATE?
HIGH SCHOOL			9 10 11 12	YES NO
COLLEGE			FR SO JR SR	YES NO
G.E.D. CERTIFICATION				YES NO
OTHER TRAINING				

EMPLOYMENT RECORD: Please complete this section even if attaching resume.

SHOW MOST RECENT EMPLOYMENT FIRST

EMPLOYED BY:

PLEASE ACCOUNT FOR ANY PERIOD OF UNEMPLOYMENT

COMPANY	FROM (MO/YR)	TO (MO/YR)	JOB TITLE	SUPERVISOR
NUMBER & STREET	STARTING SALARY	REASON FOR LEAVING		
	ENDING SALARY			
CITY	STATE	ZIP	TELEPHONE NO.	NAME WHILE EMPLOYED (IF DIFFERENT)
COMPANY	FROM (MO/YR)	TO (MO/YR)	JOB TITLE	SUPERVISOR
NUMBER & STREET	STARTING SALARY	REASON FOR LEAVING		
	ENDING SALARY			
CITY	STATE	ZIP	TELEPHONE NO.	NAME WHILE EMPLOYED (IF DIFFERENT)
COMPANY	FROM (MO/YR)	TO (MO/YR)	JOB TITLE	SUPERVISOR
NUMBER & STREET	STARTING SALARY	REASON FOR LEAVING		
	ENDING SALARY			
CITY	STATE	ZIP	TELEPHONE NO.	NAME WHILE EMPLOYED (IF DIFFERENT)

PLEASE INDICATE ANY SPECIAL SKILLS YOU MAY HAVE THAT RELATE TO THE POSITION YOU ARE APPLYING FOR:

Accounting
 Adding Machine
 Typing
 WPM
 Dictating Machine
 Computer
 Other

Have you any friends or relatives employed by the Grand Traverse Band? Yes No If yes, please indicate below

NAME	RELATIONSHIP	JOB TITLE

DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? SPEAK WRITE READ _____

APPLICABLE FOR GAMING APPLICATIONS ONLY:

A GAMING LICENSE IS REQUIRED FOR EMPLOYMENT WITH OUR GAMING OPERATIONS. THE LICENSE MUST BE APPLIED FOR. THIS APPLICATION WILL RESULT IN AN EXTENSIVE BACKGROUND CHECK. ARE YOU WILLING TO COMPLETE AND SUBMIT A GAMING LICENSE APPLICATION? YES NO

GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I certify that the answers given by me to the above questions and statements are true and correct. I understand it is the policy of the Grand Traverse Band Gaming Commission/Administration to consider all the information supplied by the applicant in addressing his or her qualifications for employment. In completing this application, I realize that my character, reputation for honesty, habits, ability, records of convictions and reasons for leaving employment may be investigated and that persons who know me now and/or in the past may be contacted and questioned about me. I authorize the companies, schools, or persons named to give any information they may have regarding me with reference to my prior employment and character. Anyone who may furnish any information concerning my character, habits, ability, criminal convictions, or reasons for leaving any employment shall not be responsible for any loss or damage that I may suffer in consequences thereof. I further agree that any information obtained from any source will be held confidential by the Gaming Commission/Administration from all persons except as required by law. I understand that any falsification, misinformation, or omissions on this application will be grounds for termination. I understand that my employment does not constitute a contractual relationship (express or implied) of any kind and that either I or the Gaming Commission/Administration may terminate my employment for any reason at any time. I agree this understanding and agreement is not subject to oral or written change.

I also understand and agree that my employment is for no definite period and may be terminated at any time without notice.

DATE _____ APPLICANT'S SIGNATURE _____

Youth Employment
School Enrollment Verification form

This form from the Life Long Learning Program is to verify that:

Student's Name: _____
 First **Last**

Social Security #: _____

- Is enrolled in school**
- Is NOT enrolled in school**

STUDENT RELEASE DATE (14 & OLDER): ____/____/____

Status Report (attendance, grade level): _____

Name of School: _____

Address: _____

Phone #: _____ **Fax #:** _____

This form completed by: _____

Print Name and Title

 Signature **Date**

— Copy of last report card will suffice.