



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

EMPLOYMENT APPLICATION INSTRUCTIONS

In order to be considered for employment with the Grand Traverse Band Government Operations, you **MUST COMPLETE** all of the following five (5) forms:

- Employment Application (two pages) and resume (if applicable)
- Candidate Information
- Non-expiring Authorization for Release and Waiver of Liability
- Character Investigation Notice and Consent
- Copy of your non-expired photo identification card and social security card or birth certificate, as well as your tribal identification card (if a member of a Federally Recognized Tribe).**

In order to recognize Tribal or Indian Preference, you must also provide a copy of your Tribal Enrollment Card or Certificate of Indian Blood Quantum from a Federally Recognized Tribe in accordance with the Indian Preference Act of 1934 (25 USC 472) (PL 93-638) Tribal Preference.

If you have any questions regarding the application process or required documents, please contact:

Denise Wilson, Employment Coordinator (231) 534-7412

Phyllis Wanageshik, Human Resources Assistant (231) 534-7100

Please return your application to one of the following:

Email: denise.wilson3@gtbindians.com

Fax: (231) 534-7904

Mail: Grand Traverse Band of Ottawa and Chippewa Indians
ATTN: Human Resources - Employment Coordinator
2605 N West Bay Shore Drive
Peshawbestown, MI 49682

Thank you for your interest in employment with the Grand Traverse Band of Ottawa and Chippewa Indians.



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

EMPLOYMENT APPLICATION

Date of Application:

Applications that are incomplete will not be accepted. Any application that contains false information or if there is failure to accurately provide information requested will be immediately rejected for employment or if hired the employee will be terminated without notice. Grand Traverse Band of Ottawa and Chippewa Indians Government abides by Indian Preference in employment decisions by consideration of GTB Members first and all other Native Americans from a Federally Recognized Tribe second.

PERSONAL INFORMATION

Telephone 1: _____

Telephone 2: _____

Last Name First Name Middle Name

Address City State Zip Code

Current Mailing address if different than above: PO Box or Street Address, City, State, Zip Code

Tribal Affiliation and Enrollment No.:

Email Address:

**Note: In order to recognize Indian Preference, applicant must provide copy of Tribal Enrollment Card or Certificate of Indian Blood Quantum of a Federally Recognized Tribe in accordance with Indian Preference Act of 1934 (25 USC 472) (PL 93-638) Tribal Preference.

POSITION INFORMATION

Position Applying For: Length of experience: Related experience:

Employment Status Preference: Full-Time Part-Time Temporary On-Call

Dates/times available to interview:

GENERAL INFORMATION

1. How did you hear about this position? Walk-In Web Site Social Media Employee Referral Advertisement Other

2. Have you ever been employed by any GTB Entity? Yes No If yes, list the most previous: Government EDC/Gaming Grand Traverse Resort L.L.C. (The Ridge Microbrewery, Harpo's, etc.)

Last Name While Employed: Position: Supervisor:

Original Date of Hire: Last Day Worked:

3. Are you over 18? Yes No

4. Do you have a valid, unrestricted driver's license? Yes No If yes, which state? Chauffer's License? Yes No

5. If you are an Alien, do you have the legal right to remain in the U.S. to work? Yes No N/A

Alien Registration I-94 or Visa Number:



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6. Please indicate any special skills you may have that relate to the position you are applying for:

- Accounting Computer MS Word MS Excel MS Access MS Publisher Adobe
- Adding Machine Typing Other

7. Do you speak or write any other languages? Yes No

Language: _____ Speak Write Read

UNITED STATES MILITARY SERVICE

Branch: _____ Rank: _____ Job/Type of Duty: _____ Reserve Status: _____

EDUCATION

Name	City, State	Grade Completed	Graduate?
High School		<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training			

EMPLOYMENT RECORD – OR ATTACH RESUME

Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:
Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:

A BACKGROUND CHECK IS REQUIRED FOR ALL EMPLOYMENT WITH THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS. THIS APPLICATION WILL RESULT IN AN EXTENSIVE BACKGROUND CHECK.

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 policy of the Grand Traverse Band of Ottawa and Chippewa Indians 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 my past may be contacted and questioned about me. I authorize 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. It is also understood that application and/or employment history information will be shared and available to any and all GTB owned and operated entities for employment purposes. I further agree that any information obtained from any source will be held confidential by the Grand Traverse Band of Ottawa and Chippewa Indians except as required by law. I understand that any falsification, misinformation, or omissions on this application will be ground for termination. I understand that employment does not constitute a contractual relationship (expressed or implied) of any kind and that either the Grand Traverse Band of Ottawa and Chippewa Indians or I 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.

Applicant's Signature: _____ **Date:** _____



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

CANDIDATE INFORMATION

_____ Last Name _____ First Name _____ Middle Name _____

_____ Race _____ Sex _____ Date of Birth _____ Maiden/Other Name(s) Used _____

_____ Social Security Number _____ Driver's License or State ID Number _____ State Issued _____

_____ Current Address _____ City _____ State _____ Zip Code _____

1. Are you a member of a Federally Recognized Tribe? Yes Tribal Affiliation: _____
 No Tribal ID #: _____

2. List all former States/Foreign Countries of residency in the spaces provided below:

	Were you over 16 years old?			Were you over 16 years old?	
	Yes	No		Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

<i>To be filled out by Human Resources only</i>		
_____	_____	_____
HR Representative	Position	Department



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

NON-EXPIRING AUTHORIZATION FOR RELEASE AND WAIVER OF LIABILITY

Carefully read the following information before completing the forms in their entirety.

Privacy Act Statement: Solicitation of this information is authorized by 25 U.S.C. § 3207, 25 CFR Part 63, and Tribal Council Resolution # 02-20.1115. This authorization and any information obtained will be used to determine your eligibility for employment in a position involving regular contact with, or control over, Indian children or other vulnerable populations. As a routine use, the information will be used by Grand Traverse Band of Ottawa and Chippewa Indians staff in fulfillment of statutory and regulatory obligations. The information may be directed to federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations conducted in association with designated employment positions.

Completion of this form is voluntary; however, if you decline to disclose the requested information and to consent to GTB verifying this information, GTB will be unable to hire or employ you in designated positions. Disclosure of your Social Security Number is voluntary; however, failure to supply may result in errors in processing your application.

This Non-Expiring Authorization for Release of Information and Waiver of Liability (“Authorization”) constitutes my consent and authorization for any person, corporation, agency, association, or employer prior or present information to furnish to GTB or its designee any information solicited for purposes of evaluating my eligibility and fitness for employment regarding my criminal record, civil and criminal judgments, education, character and general reputation, motor vehicle driving record, credit, or current and prior employment (including experience, performance, attendance, disciplinary history, work habits, and reasons for termination). I direct all contacted persons and organizations to furnish all relevant information, regardless of any contrary agreement I may have made with such person or entity, including designation of such information or documents as confidential or sealed.

I agree to cooperate with all necessary investigation requests, including being photographed and fingerprinted.

I hereby RELEASE GTB, its officers, agents, employees, subsidiaries, and insurers, and any contacted law enforcement agency, corporation, association, person, or other entity from any and all liability for damages, and from all Claims (defined as all claims, liabilities and causes of action of every kind and nature, whether arising out of contract, tort, statute or otherwise, including without limitation (1) defamation, discrimination, tortious interference with contract or business expectancy, blacklisting, or infliction of emotional distress; and (2) claims alleging any legal restriction on an employer's right to refuse to hire, or to terminate, employees) which may arise from the use or provision of information pursuant to this Authorization.

This Authorization is voluntary, and is executed with full knowledge that GTB will take measures to protect the aforementioned information against unauthorized disclosure. A copy of this Authorization shall be as effective and valid as the original.

Print name

Signature

Date



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

CHARACTER INVESTIGATION
NOTICE AND CONSENT

Federal regulations promulgated at 25 CFR Part 63 require GTB to ask the following questions:

1. Have you ever been ***arrested*** or ***charged*** with a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, ***or crimes against any persons?***

Yes No

	Date	Charge	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain charge
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

*Please use an additional sheet if necessary.

2. Have you ever been ***convicted of***, or ***pled guilty*** or ***nolo contendere*** (no contest) to any **crime(s)** and/or **misdemeanors?**

Yes No

	Date	Conviction	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain conviction
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

*Please use an additional sheet if necessary.

3. Do you have any ***pending*** civil or criminal actions against you?

Yes No

	Date	Pending Action	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain pending action
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

*Please use an additional sheet if necessary.

I verify under penalty of perjury that all of the information provided in this application is true and correct to the best of my knowledge, information and belief, and that I have withheld nothing. I acknowledge that GTB may void my employment if the information received in reports from law enforcement and regulatory agencies differs from my representations in this application. I understand that I have a right to challenge the completeness and accuracy of any information contained in the reports. In the event that my employment is discontinued for false information or omission, all contractual, statutory and/or common law rights shall be considered terminated and GTB, its Tribal Council, employees and agents shall not be liable for damages resulting from the termination of employment.

Signature

Date



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

BACKGROUND PACKET
ADDITIONAL SHEET

Candidate ***must*** fill out this section if there are any charges, convictions, or pending actions.

*Continued from Page 3 of 3.

Misd. Felony	Charge	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		

Misd. Felony	Conviction	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
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Misd. Felony	Pending Action	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
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