



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**
- **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 or state Identification and social security card in addition to the application documentation.

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:

Krystina Alveshire, Employment Coordinator (231) 534-7412

Phyllis Wanageshik, HR Assistant (231) 534-7100

Return application to one of the following:

Email: krystina.alveshire@gtbindians.com

Fax: (231) 534-7904

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

Thank you for your interest in working for 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.

EMERGENCY CONTACT:

First Name Last Name Address Phone Number

POSITION INFORMATION

Position Applying For: Length of experience: Related experience:

Employment Status Preference: Full-Time Part-Time Temporary Seasonal 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 the any GTB Entity? Yes No

If yes, list the following:

- Government Gaming L.L.C.

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 driver's license? Yes No If yes, which state?



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

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 1-94 or Visa Number: _____

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

- Accounting Computer Microsoft Office
 Adding Machine Typing Dictating Machine 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			<input type="checkbox"/> Yes <input type="checkbox"/> No

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:** _____



NON-EXPIRING AUTHORIZATION AND RELEASE FORM

As an employee, prospective employee, volunteer or prospective volunteer, I understand that information may be request 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 and other public records.

I agree that any false information I n 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, employer (prior and present), insurance company or person gathering or furnishing the above information.

A photographic or fax copy of this authorization may be deemed the equivalent of the original.

Last Name	First Name	Middle	
Race	Sex	Date of Birth	Maiden/Other Name(s) Used
Social Security Number	Driver's License/ID Number		State Issued
Current Address	City	State	Zip Code

List All Former States/Foreign Countries of Residency in the space provided below:

Signature	Date
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Note: Must be accompanied by copies of driver's license and Social Security Card. Resident Alien Card, Birth Certificate, Passport or other documents may be requested at any time.

Government EDC

Recruiter	Position	Department
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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 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 standard 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 pleas 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, buy 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 if the individual meets standards of character, no less stringent than those prescribed under subsection (a), as the Indian Tribal Organization shall establish.

I have read and understand the foregoing statue.

Signature

Date



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 fingerprinted. (**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 this 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 direct 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 revocations of a child care license or investigations of activities while associated with a tribe or 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 being 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 that I have withheld nothing. (**Initial:** _____)

Printed Name

Signature

Date



**Public Act 68 of 1993 and/or
Public Act 83 of 1995**

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 any crime(s) and/or misdemeanor(s). List in box below or 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 83 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 Bureau of Investigation (FBI);
2. Until the 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 for 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 my attendant contractual statutory and/or common law rights) shall be considered terminated and the Grand Traverse Band of Ottawa and Chippewa Indians, its Tribal Council, administrators, employees and agents shall not be liable for the termination of employment.

Signature

Date