

APPLICATION FOR EMPLOYMENT



MI'KMAQ NATION



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. American Indian Preference does apply:

IMPORTANT: ANSWER ALL QUESTIONS REGARDLESS OF APPLICABILITY ! IF ANY QUESTION IS LEFT BLANK APPLICATION WILL BE CONSIDER INCOMPLETED AND NOT CONSIDERED FOR THE POSITION.

(PLEASE PRINT) Date of application _____/_____/_____

Position applied for: _____

Referral Source: _____Advertisement _____Friend _____Relative _____Walk-In
_____Employment Agency _____Other

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City Zip

Telephone: _____ Email Address _____

Are you a member of a Government-Recognized Tribe? _____Yes _____No

Tribal Affiliation: _____
(Proof of tribal affiliation is required upon employment.)

Are you under age 18? _____Yes _____No

If yes, can you furnish a work permit? _____Yes _____No

Have you applied with this office in the last 6 months? _____Yes _____No

Have you been employed here before? _____Yes _____No

May we contact your present employer? _____Yes _____No

APPLICATION FOR EMPLOYMENT

Are you prevented from lawful employment in this country due to VISA or immigration status?
____ Yes ____ No (Proof of citizenship or immigration status is required upon employment.)

When would you be available to start work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ Temporary

Are you on lay-off or subject to recall? ____ Yes ____ No

Are you available to travel if required? ____ Yes ____ No

Do you hold a current and valid driver's license? ____ Yes ____ No

If yes, please list: License number _____ State _____

Have you been convicted of any motor vehicle violations in the past 5 years? ____ Yes ____ No

If yes, please explain _____

Have you been convicted of a crime or pled guilty, "nolo," or no contest? ____ Yes ____ No

If yes, please explain _____

Is there criminal action currently pending against you? ____ Yes ____ No

If yes, please explain _____

Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate? ____ Yes ____ No

If yes, please explain _____

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

If you wish to be identified, please sign below:

____ Handicapped ____ Disabled Veteran ____ Vietnam Era Veteran

Signed: _____

U.S. Military Veteran? ____ Yes ____ No **Branch:** _____

Dates of service: ____ to ____

Job Related Training: _____

Do you have any physical or mental impairment or disability that would limit your job placement and/or enable you to perform your job to maximum capacity?

____ Yes ____ No. If yes, please Indicate: _____

Indicate what foreign/native language you speak, read and/or write

MN P-10 FORM

UPDATED 10-4-2021

TRIBAL COUNCIL APPROVAL DATE: ____ 10-20-2021 _____

APPLICATION FOR EMPLOYMENT

_____ FLUENTLY _____ GOOD _____ FAIR _____
SPEAK: _____
READ: _____
WRITE: _____

List professional, trade, business or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin): _____

Give the names, addresses, and phone numbers of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Acquainted
1.			
2.			
3.			

Describe any specialized skills relating to the position applied for, i.e. typing, word-processing, type of driver's license, etc. :

Employment—Start with present or last employer:

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed from _____ to _____ Name of supervisor: _____

Describe your work: _____

Weekly pay: Start _____ Last _____ Reason for leaving: _____

Employment—Start with present or last employer:

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed from _____ to _____ Name of supervisor: _____

Describe your work: _____

Weekly pay: Start _____ Last _____ Reason for leaving: _____

MN P-10 FORM

UPDATED 10-4-2021

TRIBAL COUNCIL APPROVAL DATE: ____10-20-2021_____

APPLICATION FOR EMPLOYMENT

Employment—Start with present or last employer:

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed from _____ to _____ Name of supervisor: _____

Describe your work: _____

Weekly pay: Start _____ Last _____ Reason for leaving: _____

Education

Level	Name/Location of School	Graduate?	Course of Study
High School			
College			
Trade School			

Describe any extracurricular activities or volunteer work you feel may be helpful to us in considering your application:

“I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may result in discharge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I am to abide by all rules and regulations of the Mi’kmaq Nation. I understand that this application will be considered active for a time period not to exceed (6) six months. An applicant wishing to be considered for employment beyond that time should reapply.”

Signature**Date****Comments:**
