

APPLICATION FOR EMPLOYMENT



# MI'KMAQ NATION



## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions regardless of race, color, religion, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. However, American Indian Preference does apply:

**IMPORTANT: ANSWER ALL QUESTIONS REGARDLESS OF APPLICABILITY! IF ANY QUESTION IS LEFT, A BLANK APPLICATION WILL BE CONSIDERED INCOMPLETE 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 \_\_\_\_\_

How long have you lived at the above address? If less than five years, list your previous address below.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Name: \_\_\_\_\_  
Last First Middle

Dates: From \_\_\_\_\_ to \_\_\_\_\_

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Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Are you a member of a Government-Recognized Tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No

Tribal Affiliation: \_\_\_\_\_  
(You will need Proof of tribal Affiliation upon employment.)

Are you under the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you applied to this office in the last six months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawful employment in this country due to VISA or immigration status? \_\_\_\_\_ Yes  
\_\_\_\_\_ No (The Tribe requires Proof of citizenship or immigration status 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 \_\_\_\_\_

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Have you been convicted of motor vehicle violations in the past five years?  Yes  No

If yes, please explain when and where.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime, pled guilty, or had no contest plead within the last five years?  
 Yes  No

If yes, please explain when and where.

\_\_\_\_\_  
\_\_\_\_\_

Is there criminal action currently pending against you?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had a professional or business license or certificate revoked, suspended, or 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 identify, 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 enable you to perform your job to maximum capacity?

Yes  No. If yes, please indicate: \_\_\_\_\_

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

\_\_\_\_\_ **FLUENTLY** \_\_\_\_\_ **GOOD** \_\_\_\_\_ **FAIR** \_\_\_\_\_

SPEAK: \_\_\_\_\_

READ: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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 for 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: \_\_\_\_\_

## Employment—Start with present or last employer:

Company name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Describe your work: \_\_\_\_\_

Weekly pay: Start \_\_\_\_\_ Last \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**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:

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Comments:**