



ELIGIBILITY FOR INDIAN PREFERENCE AND EQUAL EMPLOYMENT OPPORTUNITY

Nottawaseppi Huron Band of the Potawatomi is a Federally Recognized Tribal Government that has adopted an Indian Preference Code, which requires that all hiring and promotions within the Tribe include preference criteria which create employment opportunities and paths for promotions and learning to increase management opportunities for qualified applicants and/or qualified employees *who are Tribal citizens, and other Native Americans*. With Indian Preference as the exception the NHBP has also adopted a Fair Employment Practices Code, by which the NHBP legally obligates itself as an equal opportunity employer and prohibits discrimination against any qualified applicants on the basis of genetics, age, race, color, gender, sexual orientation, familial status, national origin, religion, pregnancy, handicap or disability or disabled veteran(s), veteran status and/or veterans of the Vietnam Era status. We provide a "smoke free" environment.

In our efforts to assure compliance with legal mandates of Indian preference followed by all other equal opportunity qualifiers stated above, the following information is requested. This information will be maintained as confidential information apart from employment applications and personnel records. Please be assured that other than information that may be required to confirm your eligibility for Indian Preference, all other information you may provide is voluntary. If you are an enrolled citizen of the Nottawaseppi Huron Band of the Potawatomi; parents or spouse of citizens of the Tribe; or an enrolled member of another Indian Tribe you must be able to provide verifiable documentation before you can receive preference.

Name: _____
Last First MI

Date of Birth: _____

Street Address: _____

Apt. #: _____

Home Phone: _____ **Date:** _____

Gender Assigned at Birth (check one): Female Male

INDIAN PREFERENCE (check one)

- Are you an NHBP Tribal Member? Yes No (If yes, please provide a copy of your enrollment card)
Tribal Enrollment # _____
- Are you currently married to an NHBP Tribal Member? Yes No (If yes, please provide evidence {i.e. marriage certificate; joint tax return})
- Are you the parent (biological or adoptive) of a minor NHBP Tribal Member that you financially support? Yes No (If yes, please provide documentation {i.e. support order; verification from NHBP Enrollment Office})
- Are you an enrolled Member of another Federally Recognized Indian Tribe or an enrolled Member of the Grand River Band of Ottawa or Burt Lake Band of Ottawa/Chippewa Indians? Yes No

If yes, please provide the following:

- Tribal Affiliation:
- Contact person and phone number for verification of enrollment status:
- Enrollment number issued by the Tribal government or Bureau of Indian Affairs (copy of Enrollment ID/card):
- Notarized letter or resolution from the government of Tribal Member enrollment (please attach)

Position applied for: _____

Printed Name: _____

Signature: _____