



**JOB BANK APPLICATION**

All hiring, training, development and promotions within the Tribe shall 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 Members, parents or spouses of Tribal Members, and enrolled Members of other Federally Recognized Tribes.*

Date: \_\_\_\_\_

Project title: \_\_\_\_\_

Desired pay range: \_\_\_\_\_  
Hourly/Salary

**Personal Information**

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

Address: \_\_\_\_\_  
Street City State County Zip

Phone Numbers/e-mail: \_\_\_\_\_  
Home Work Cell Email

**Emergency Contact Information**

\_\_\_\_\_  
Name Relationship Address/City State/Zip Contact Number

Preferred Pronouns (ex. she/her, he/him, they/them) (optional): \_\_\_\_\_

**Preferred Method of Contact:**  Call  Text  Email

**Best time to contact**  Morning  Afternoon  Evening

**Are you currently 18 years of age or older?**  Yes  No

**Are you legally authorized to work in the US?**  Yes  No



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**Background Information**

Have you been convicted of (or entered a plea of guilty or no contest to) a felony?

Yes    No

**If yes, please explain:** (A conviction of guilty/no contest plea will not necessarily result in the denial of employment, rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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Have you been convicted of (or entered a plea of guilty or no contest to) any misdemeanor crimes involving theft or fraud?

Yes    No

**If yes, please explain:** (A conviction or guilty/no contest plea will not necessarily result in the denial of employment, rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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Have you been convicted of (or entered a plea of guilty or no contest to) any misdemeanor crimes involving violence against persons (i.e. assault & battery) or any sex offense?

Yes    No

**If yes, please explain:** (A conviction or guilty/no contest plea will not necessarily result in the denial of employment, rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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**Special Skills/Areas of Proficiency**

Please indicate any areas in which you hold special skills or proficiencies (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Microsoft Office /Windows   | <input type="checkbox"/> Janitorial /Housekeeping      |
| <input type="checkbox"/> Retail /Sales   | <input type="checkbox"/> General Labor                 |
| <input type="checkbox"/> Information Technology – Software   | <input type="checkbox"/> Administration/Clerical       |
| <input type="checkbox"/> Information Technology – Hardware   | <input type="checkbox"/> Groundskeeping/Landscaping    |
| <input type="checkbox"/> Customer Service  | <input type="checkbox"/> Food Preparation/Food Service |
| <input type="checkbox"/> Medical- If so, please list   | _____  |
| <input type="checkbox"/> Construction/skilled trades – If so,<br>please list trade. (proof of<br>certification/License may be requested) | _____  |
| <input type="checkbox"/> Heavy Equipment - If so, please list<br>(proof of certification/License may be requested)                       | _____  |
| <input type="checkbox"/> Other – Please describe   | _____  |

**Education History**

	Name of School	City & State	Major/Area of Study	Degree/Certificate
<b>High School/GED</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>College or University</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Specialized Training, Trade School, etc...</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Other Education</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**PREVIOUS EMPLOYMENT**



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Are you employed currently?  Yes  No

If so, Where: \_\_\_\_\_

**Please list previous employers beginning from most recent:**

<u>Dates Employed</u>	<u>Company Name</u>	<u>Location</u>	<u>Position Title</u>
<b>Job tasks performed:</b>			
<b>Reason for leaving:</b>		<b>Employers Contact #:</b>	
<b>Permission to Contact Employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<u>Dates Employed</u>	<u>Company Name</u>	<u>Location</u>	<u>Position Title</u>
<b>Job tasks performed:</b>			
<b>Reason for leaving:</b>		<b>Employers Contact #:</b>	
<b>Permission to Contact Employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<u>Dates Employed</u>	<u>Company Name</u>	<u>Location</u>	<u>Position Title</u>
<b>Job tasks performed:</b>			
<b>Reason for leaving:</b>		<b>Employers Contact #:</b>	
<b>Permission to Contact Employer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			



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**PROFESSIONAL/PERSONAL REFERENCES** (Please list at least 2 professional)

Name:	Telephone Number:
Employer Name/Address:	Relationship:

Name:	Telephone Number:
Employer Name/Address:	Relationship:

Name:	Telephone Number:
Employer Name/Address:	Relationship:

**NHBP Indian Preference Selection (Please mark the Tier that is applicable to you)**

- Tier I – NHBP Tribal Member – Tribal Enrollment # \_\_\_\_\_ **(proof of enrollment will be required)**
- Tier II – Spouses of Tribal Members, Parents of Tribal Members **(proof of status will be required)**
- Tier III – Members of other Federally Recognized Tribe, Canadian First Nation, Grand River Band of Ottawa Indians or the Burt Lake Band of Ottawa/Chippewa Indians **(proof of enrollment will be required)**

Tribal Affiliation: \_\_\_\_\_

<p><b>Tribal Member/Native American Preference</b></p> <p>“Indian preference will be applied in accordance with the NHBP Tribal Member/Indian Preference Employment Code.” Indian sovereignty support and Indian preference initiatives are mandatory.</p> <p><b><u>Fair Employment Practices Code (FEPC)</u></b></p>
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**Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I also authorize investigation of all statements contained in this application for placement in the Nottawaseppi Huron Band of the Potawatomi's (NHBP) Job Bank Active Listing as may be necessary in arriving at any decision. I understand that if I fail to answer any question, or if I give misleading or incomplete answers to any question, that alone is sufficient basis for my being disqualified as a candidate for the NHBP's Job Bank Program. If I am placed on the Job Bank Active Listing or hired prior to disclosure of such behavior, that alone is sufficient basis for my immediate removal from the Active Listing or termination.

I understand that completion of this Job Bank Application does not guarantee that I will be placed on the Job Bank Active Listing, selected for a Job Bank Assignment, or otherwise be employed by the NHBP or a contractor performing work for the Tribe.

Further, I understand that placement on the Job Bank Active Listing does not guarantee that I will be selected for a Job Bank Assignment, or otherwise be employed by the NHBP or a contractor performing work for the Tribe.

I understand that if I am considered for a position where I am required to drive, I will be required to have and maintain a satisfactory driving record as a condition of my employment. I agree to allow the NHBP access to my driving record prior to my potential hire and if hired, I give the NHBP the right to check my record periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other conditions to my supervisor immediately that may affect my ability to drive, after I am hired.

I understand that the company will use this information for employment purposes and will not furnish this information to a third party without my written consent.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could affect adversely on the NHBP. I understand this decision is to rest with the NHBP. If employed, I agree to hold in strictest confidence any information concerning the NHBP, its Insured, and its Agents which may come to my knowledge.

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**Applicant Signature**

**Date**

*All Job Bank applicants are subject to a comprehensive background check and must pass a drug screen.  
NHBP does not recognize the use of recreational or medical marijuana.*