



# APPLICATION FOR EMPLOYMENT

The Y Store and Ledge Liquors ● 6368 Highway 169 ● Tower, MN 55790  
Owned and operated by the Bois Forte Band of Chippewa

Name Last			First	Middle	Date of Application	
Street			City		State	Zip Code
Telephone Number (     )				Tribe and Band (If applicable)		

(Proof of U.S. citizenship or immigration status will be required upon employment)

**Position Applied for:** \_\_\_\_\_

**Type of Employment Desired:**     Full Time     Part Time     Temporary

**On what date would you be available for work?**                     \_\_\_\_/\_\_\_\_/\_\_\_\_

The best time to contact you at home is:                     \_\_\_\_:\_\_\_\_ AM / PM

If you are under 18, can you furnish a work permit?                      Yes                      No

Have you ever been employed here before?                      Yes                      No

If yes, give dates \_\_\_\_\_

Are you currently employed?                      Yes                      No

May we contact your current employer?                      Yes                      No

Have you ever been convicted of a felony or crime relating to theft?                      Yes                      No

If Yes, please explain \_\_\_\_\_

Are you a Veteran of U.S. Military Service?                      Yes                      No

Are you legally eligible for employment in this country?                      Yes                      No

If the job requires, are you able to lift 50 lbs?                      Yes                      No

Are there any shifts which you cannot work?                      Yes                      No

## EDUCATIONAL BACKGROUND

	Name & Address of Institution	Year Graduated or last Year Attended	Diploma, Degree or Field of Study
High School			
College or University			
Technical or Other			

# EMPLOYMENT EXPERIENCE

(Start with your present or last job. Include Military service assignments & volunteer activities. Please include Street, City, State & Zip Code)

Name of Company and Address (If current employer, may we contact?) <input type="radio"/> Yes <input type="radio"/> No	Telephone (    )	Supervisor Name
What Did You Do?	Dates Worked From            To	Last Salary/ Wage \$ <input type="radio"/> Hourly <input type="radio"/> Annually
Why Did You Leave?	<b>INTERNAL USE ONLY</b> ➔	<b>VERIFICATION &amp; DATE</b>

Name of Company and Address (May we contact?) <input type="radio"/> Yes <input type="radio"/> No	Telephone (    )	Supervisor Name
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Why Did You Leave?	<b>INTERNAL USE ONLY</b> ➔	<b>VERIFICATION &amp; DATE</b>

## REFERENCES

(Please include Street, City, State & Zip Code. DO NOT include family members or significant others.)

Name & Address	Telephone	Years Known
	Area Code (    )	
	Area Code (    )	
	Area Code (    )	

Describe any specialized Education, Training, Skills, or abilities: \_\_\_\_\_  
\_\_\_\_\_

Name, Phone Number and Address of Person(s) to be notified in an emergency: \_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE, CERTIFICATION, & INFORMATION RELEASE

- I understand that acceptance of employment does not create a contractual obligation upon the employer and that this employment relationship is considered “at will”. This means that you are not required or guaranteed to work for the company for a set period of time and that you are free to terminate your employment at any time and for any reason with or without notice or progressive discipline. The Company is also free to terminate your employment at any time and for any reason with or without notice or progressive discipline.
- I certify that the answers given herein are true and complete to the best of my knowledge and also understand that false or misleading information upon this application will result in my disqualification or discharge from employment.
- I authorize investigation of all statements and references contained in this application for employment as deemed necessary and further grant any former employer and/or government agency to release confidential information about me to the Bois Forte Development Corporation. This release is valid for one (1) year after the date of my signature hereon. A photocopy of this release shall be as valid as the original.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_