# SOKAOGON CHIPPEWA COMMUNITY

3051 SAND LAKE RD CRANDON WI 54520 715-478-7500



DATE: \_\_\_\_\_

## PERSONAL INFORMATION

NAME:					
LAST	FIRST	MID	DLE		
PRESENT ADDRESS:					
PHONE NO.:		DATE OF BI	RTH:		
DRIVER'S LICENSE # _		STATE ISSUED:		SSN#	
ARE YOU TRIBALLY A	FFILIATED?		_IF SO, W	HERE?	
EMPLOYMENT DESIR	ED				
		DATE YOU		SALAR	Y
POSITION:					ED
				Y WE INQUIRE	
ARE YOU EMPLOYED NOW?YOUR PRESENT EMPLOYER?					R?
HAVE YOU EVER WOR	KED FOR THIS COMPAN	NY BEFORE?		WHERE?	
WHEN?					
EDUCATION	NAME AND LOCATION				

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK\_\_\_\_\_

SPECIAL SKILLS\_\_\_\_\_

COMPUTER EXPERIENCE\_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH	INDICATES THE RACE, CREED, SEX, A	GE, MARITAL STATUS, COLOR OR NATION OF ORGIN OF ITS MEMBERS
U.S. MILITARY OR		PRESENT NEMBERSHIP IN
NAVAL SERVICE:	RANK:	_ NATIONAL GUARD OR RESERVES:

#### FORMER EMPLOYERS: (LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE, MONTH, AND YEAR	EMPLOYER (NAME, ADDRESS, PHONE NUMBER)	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				

#### REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	YEARS ACQUANTED	PHONE NUMBER

IN CASE OF

EMERGENCY NOTIFY: \_\_\_\_

NAME	RELATIONSHIP	PHONE NO.

I CERTIFY THAT THE FACTS CONTAIN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME, WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE: \_\_\_\_\_\_ DATE: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

INTERVIEWED B	NTERVIEWED BY: DATE:					
REMARKS:						
NEATNESS:				ABILITY:		
HIRED: YES	NO	POSITION:				
SALARY/WAGE:				DATE REPO	ORTING TO WO	RK:
APPROVED: 1	EMPLOYMENT M				3	GENERAL MANAGER