



College of Menominee Nation
N 172 STH 47/55
P.O. Box 1179
Keshena, WI 54135
APPLICATION FOR EMPLOYMENT

Personal Information

Position Applied For _____ Date _____
 Name _____
 Address _____ Last _____ First _____ M.I. _____
 City, State, Zip _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____
 Social Security # _____
 E-Mail Address where we may contact you: _____

Wage desired: _____ Date available to start: _____ Willing to attend training? _____
 Can you travel, as the job may require? Yes _____ No _____
 Do you possess a valid driver's license? Yes _____ No _____
 Have you been employed by CMN before? Yes _____ No _____ When? _____

Are you an enrolled member of a federally recognized Indian Tribe: Yes _____ No _____
 If yes, which Tribe? _____ Enrollment Number _____
 If no, are you of American Indian descent: Yes _____ No _____ Which Tribe? _____
 Have you completed Menominee language course work or do you possess Menominee language certification: Yes _____ No _____
YOU MUST ATTACH PROOF OF TRIBAL ENROLLMENT OR DESCENDENT STATUS AND MENOMINEE LANGUAGE SKILLS.

Education History

School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade Technical					
High School					

Do you possess a High School Equivalency Diploma (HSED) or a General Education Diploma (GED)? Yes _____ No _____
 If yes, which one? _____

Military Information

Are you a veteran of the U.S. Military Service? Yes _____ No _____ * ***You must attach proof of honorable or general discharge.***

Branch: _____ Dates of Service: _____

Additional Information

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying. _____

List other special training or skills you feel may be helpful in considering your application for employment. _____

Employment History - SECTION MUST BE COMPLETED

- Begin with your current or most recent position and work backwards; attach additional pages if necessary. DO NOT skip any employment.
- Include all paid experience; you may include non-paid experience if you feel it may be pertinent to this position.

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name _____ Phone _____
Reason for Leaving _____ Final Wage _____
Duties performed and knowledge or skills gained from this experience _____

May we contact this employer?

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name _____ Phone _____
Reason for Leaving _____ Final Wage _____
Duties performed and knowledge or skills gained from this experience _____

May we contact this employer?

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name _____ Phone _____
Reason for Leaving _____ Final Wage _____
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May we contact this employer?

EXPLAIN ANY GAPS IN EMPLOYMENT (attach additional pages if necessary). _____

Authorization and Acknowledgements

I hereby agree to undergo pre-employment drug testing and I authorize the results of these tests to be disclosed to the CMN Human Resources Director. I understand that a job offer will be rescinded should I fail to pass the test. I also understand that refusal to sign this application or to be tested for drugs will disqualify me from job consideration.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on the application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact former employers/supervisors listed above or as part of this application and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no specified length of time unless otherwise informed.

Applicant's Signature _____ Date _____

Applicant's name printed: _____