

Lac Courte Oreilles Housing Authority 13416 W Trepania Road Hayward, WI 54843 Phone (715) 634-2147 Fax (715) 634-5692

#### JOB APPLICATION

Application Form. Applicants for employment are required to submit an application form, which will include without limitation:

- (a) Signature for permission to perform a background and reference check.
- (b) Driving record and insurance information (if applicable).
- (c) Letter of Interest.
- (d) Resume.
- (e) Proof of any stated qualifications.
- (f) Letter of recommendation.
- (g) Documentation of hiring preferences (see page 3 of application Hiring preferences).

|  | Date Stamp          |
|--|---------------------|
| Lac Courte Oreilles Housing Authority<br>• 13416W Trepania Rd Hayward, WI 54843<br>• 715.634.2147 ph 715.634.5692 fax                  |                     |
| APPLICATION FOR EMPLOYMENT   |                     |
| Instructions: Complete all information. Please print.  | For Office Use Only |
| Do you meet the minimum age requirement? Yes No  | Hire Date           |
| Daytime telephone number   | Position            |
| Address  | Rate                |
|  | Notes               |
| Position Applied For   |                     |
| Would you accept full-time work? Would you accept part-time work?  |                     |
| On what date would you be available for work?  |                     |
| Have you ever been employed here before? Date  | By(initial)         |
| Training or skills that would be of special benefit in the job for which you are applying (such as machine operation, languages, etc.) | Attachments:        |
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# Educational Background

| School                 | Name and Location | Course of Study or Training | Did you<br>graduate? | Degree or<br>Diploma |
|------------------------|-------------------|-----------------------------|----------------------|----------------------|
| High School            |                   |                             |                      |                      |
| College                |                   |                             |                      |                      |
| Graduate<br>School     |                   |                             |                      |                      |
| Vocational<br>Training |                   |                             |                      |                      |
| Other                  |                   |                             |                      |                      |

## Work Experience

| Employer 1 | Address   | Phone  | Supervisor   |
|------------|---|--|--|
|            |   |  |  |
| Job Title  | Date Employed (from-to)   | Reason for Leaving?  |  |
| Duties:    | <b></b>   | :  | 17   |
|            |   |  |  |
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|            |   |  |  |
| Employer 2 | Address   | Phone  | Supervisor   |
| Job Title  | Date Employed (from-to)   | Reason for Leaving?  |  |
| Duties:    | J (   |  |  |
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| Employer 3 | Address   | Phone  | Supervisor   |
| Job Title  | Date Employed (from-to)   | Reason for Leaving?  | d  |
| Duties:    | <b>L</b> eona i constanti di constanti  |  |  |
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#### Personal Reference

Please identify three individuals, other than family or previous employers, who have known you for at least one year.

| Name        | Phone | Address                  |            |
|-------------|-------|--------------------------|------------|
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### **Additional Information**

**To the applicant:** Read this section carefully before answering any of the questions. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, or national origin. Federal law also prohibits other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. <u>However</u>, the Indian Self-Determination and Education Assistance Act (25 USC § 450; and the Indian Housing Regulations, 24 CFR Part 950.175(c) require the IHA to give preference to Indians in employment and training. <u>Answer only those questions you believe to be needed for a legally permissible reason</u>.

Do you have a written job description available which includes the essential job functions of the position for which you have applied? \_\_\_\_\_\_\_ 2) Are you able to perform each of the essential job functions listed for this position with or without accommodation? \_\_\_\_\_\_\_ 3) If the job can be performed with an accommodation, please describe how you would perform the functions and with what accommodations. \_\_\_\_\_\_\_

<u>Hiring Preferences.</u> The LCOHA will utilize the following preference ranking when considering an applicant for employment. *It is the responsibility of the applicant to provide the necessary documents listed below for the purpose of obtaining preferences:* 

(1) Indian preference (will apply preference in the following order when there are two or more candidates that meet the job qualifications);

- (a) Members of the Lac Courte Oreilles Tribe,
- (b) Members of other Federally Recognized Tribes with a dependent or dependents who are members of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians,
- (c) Members of other Federally Recognized Tribes,
- (d) Non-members with a dependent or dependents who are members of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians,
- (e) All Others,
- (2) Veteran preference (Applicant must provide a Veterans Administration form DD214);
- (3) Current tenants of LCOHA (Applicant must provide a copy of a current signed lease with the LCOHA showing tenancy);
- (4) Former employees of LCOHA whom left in "good standing" and whose separation was not as a result of disciplinary action or an agreement in lieu of disciplinary action which would have otherwise resulted in termination.

| <b>Background Investigations</b> | are perfo | rmed prior to | o applicant | screening. |
|----------------------------------|-----------|---------------|-------------|------------|
|                                  |           |               |             |            |

|   | •   |   |    |                         |
|---|-----|---|----|-------------------------|
| Have you ever been convicted of a felony? | Yes | 5 | No | If Yes, where and when: |

#### (Valid Driver's License and Insurability will be verified as part of the screening process)

| Do you have reliable transportation? | Yes 🗌 No 🛄                            |
|--------------------------------------|---------------------------------------|
| Do you have a valid Drivers License? | Yes 🛄 No 🛄 Drivers License #:         |
| Do you have Vehicle Insurance?       | Yes 🔄 No 🔄 If Yes, Auto Insurance Co. |

#### Thank you for your interest in our company.

To the best of my knowledge the information contained within this application is true. I understand that if hired, I will: (1) have the right to terminate my employment at any time and the company will have a similar right; (2) abide by the Personnel Policies of the Housing Authority; and (3) work on projects assigned, even though they may not conform to the posted job description.

I authorize the companies, schools, and persons named in this application to give any information requested regarding my employment, character, and qualifications, and release and hold harmless the Lac Courte Oreilles Housing Authority and the companies, schools and persons from any and all liability.

Applicant signature

Date

### Authorization for Release of Information

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| l,                         | <u> </u>        | , hereb          | y empower t               | the Lac Court  | te Oreilles Housi | ng Authority to obtain |
|----------------------------|-----------------|------------------|---------------------------|----------------|-------------------|------------------------|
| criminal background his    |                 |                  |                           |                |                   |                        |
| DATE:                      |                 | SIGNATURE:       |                           | 25             |                   |                        |
|                            |                 |                  |                           |                |                   |                        |
|                            | TOCONDUCT       |                  |                           |                |                   |                        |
| INFORMATION NEEDED         |                 | BACKGROUND       | CHECK!                    |                |                   |                        |
| Full Name (including mi    | ddle initial):  |                  | ·                         |                |                   |                        |
| Maiden, former or alias    | name:           |                  |                           | la.            |                   | 8                      |
| Race:                      |                 |                  |                           |                |                   |                        |
| *Date of Birth:/_          | 1               |                  |                           | 8              |                   |                        |
| Mo Da                      |                 | â                |                           |                | 41<br>41          |                        |
|                            | -               |                  |                           | 15             |                   |                        |
| *(Your date of birth is re | equired in orde | er for the check | to be perform             | ned. It is not | used for any ot   | her purpose.)          |
| Social Security #:         |                 |                  | ·                         |                |                   |                        |
| Driver's License#:         |                 |                  |                           |                |                   |                        |
| <                          |                 |                  |                           |                | 2                 |                        |
| Present Address:           |                 |                  |                           |                | 3                 |                        |
| Present Address:           |                 |                  |                           |                |                   |                        |
|                            |                 |                  |                           |                |                   |                        |
|                            |                 |                  |                           |                |                   | <u>13</u>              |
|                            | 6               |                  |                           |                |                   |                        |
| Previous Address:          |                 |                  |                           |                |                   |                        |
|                            |                 |                  |                           |                |                   |                        |
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