



# APPLICATION FOR EMPLOYMENT

PO BOX 10  
 NEOPIT, WI 54150  
 Phone # 715-756-2311  
 Fax # 715-756-1314  
 Website: [www.mtewood.com](http://www.mtewood.com)

It is MTE policy to follow Menominee Tribal Preference Chapter 170 and all federal laws prohibiting discrimination, where applicable.

## Personal Information

Name: \_\_\_\_\_  
 Last First M.I. (Sr., Jr., III, etc.)

Mailing Address: \_\_\_\_\_  
 PO Box/Street City State Zip Code

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment Desired

Position(s) Applying For: \_\_\_\_\_

Wage Desired: \$ \_\_\_\_\_

Have you worked for Menominee Tribal Enterprises before? Yes No When: \_\_\_\_\_

Have you received a copy of the job description for this position? Yes No

Are you physically or otherwise able to perform the duties of the job for which you are applying? Yes No

If no, please explain: \_\_\_\_\_

Are you 18 years of age or over? Yes or No Date of Birth: \_\_\_\_\_ (optional)

Are you a member of a federally recognized Indian Tribe: Yes No  
 If yes, which Tribe? \_\_\_\_\_ Enrollment # \_\_\_\_\_  
 If no, are you of American Indian descent: Yes No Which Tribe? \_\_\_\_\_

Do you possess any course work in Menominee Language or Certificates? Yes No (IF YES, MUST PROVIDE PROOF)

Are you a veteran of the U.S. Military Service? Yes No (IF YES, MUST PROVIDE PROOF OF HONORABLE DISCHARGE - DD214)  
 Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

School Level	Name & Address	Years Completed	Did you Graduate?	Course of Study
High School		Diploma/HSED/GED (circle one)		
College		1 2 3 4		
Graduate				
Trade/Business Other Training				

May we contact your present employer(s)? Yes No

**Employment History (Please start with your most recent employer)**

Employer Name:	Job Title:	Start & End Date:
Employer Address:	Supervisor's Name and Title:	Telephone #:
City, State, and Zip:	Starting and Final Wage:	Reason for Leaving:
Duties performed and knowledge or skills gained from this experience: _____ _____ _____		
Employer Name:	Job Title:	Start & End Date:
Employer Address:	Supervisor's Name and Title:	Telephone #:
City, State, and Zip:	Starting and Final Wage:	Reason for Leaving:
Duties performed and knowledge or skills gained from this experience: _____ _____ _____		
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Duties performed and knowledge or skills gained from this experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Employer Address:	Supervisor's Name and Title:	Telephone #:
City, State, and Zip:	Starting and Final Wage:	Reason for Leaving:

Duties performed and knowledge or skills gained from this experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name:	Job Title:	Start & End Date:
Employer Address:	Supervisor's Name and Title:	Telephone #:
City, State, and Zip:	Starting and Final Wage:	Reason for Leaving:

Duties performed and knowledge or skills gained from this experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name:	Job Title:	Start & End Date:
Employer Address:	Supervisor's Name and Title:	Telephone #:
City, State, and Zip:	Starting and Final Wage:	Reason for Leaving:

Duties performed and knowledge or skills gained from this experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In addition to your work history, what other experiences, skills, or qualifications do you possess which would qualify you for work with our company:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been convicted of a misdemeanor or felony? Yes No**  
(Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.)

**If yes, please explain fully:**

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**References (List 2 professional and 1 personal reference, that you have known at least 1 year.)**

Name	Address	Phone Number	Years Acquainted

**If Job Description requires a valid Driver's License you must fill out below.**

Do you possess a valid Driver's License? Yes No D.L. # \_\_\_\_\_ State \_\_\_\_\_

Have you had any moving violations in the last 3-5 years? Yes No

If yes, when & what: \_\_\_\_\_

Have you ever had your Driver's License to operate a motor vehicle denied, revoked, or suspended? Yes No

If yes, when: \_\_\_\_\_

**Authorizations and Acknowledgements**

*I certify that the facts contained in this Application for Employment 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 utilization of such information.*

*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.*

*By my signature below I authorize Menominee Tribal Enterprises to obtain my motor vehicle report, either by the company or their insurance agent, to be used to determine my eligibility for either employment purposes, the right to operate a company vehicle, or my personal vehicle on behalf of Menominee Tribal Enterprises.*

*This authorization applies as long as the above company employs me.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**HR USE ONLY:**

Date Application In: \_\_\_\_\_

Application Complete: YES NO

Date Applicant notified of missing materials: \_\_\_\_\_

Method: Phone Email Mail

Date Application fully completed: \_\_\_\_\_

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