

Baraga Property
 16449 Michigan Avenue
 Baraga, MI 49908
 906-353-4188
 Fax: 906-353-8786



Marquette Property
 200 Zhooniya Miikana
 Marquette, MI 49855
 906-249-4200 x204
 Fax: 906-249-9610

APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Ojibwa Casino, operated by the Keweenaw Bay Indian Community, is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT.

Prospective new hires will be subject to a pre-employment drug screen, physical, and security background check

Licensed positions require an extensive federal background clearance in order to obtain a gaming license.

Position(s) Applied For: _____

Name: _____ Date: ____/____/____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone: (____) _____ Email: _____

Are you a member of a federally recognized Tribe? ___ Yes ___ No If no, are you a Descendent? ___ Yes ___ No

If you answered yes to either question above, which Tribe? _____

Are you a Veteran of the USA Armed Forces? ___ Yes ___ No Military Service/Branch: _____

Did you receive an Honorable Discharge? ___ Yes ___ No *Please submit your DD214 to claim Veterans' Preference.*

Salary Desired: \$ _____ Date available to start: _____

Available to work: ___ Full-time ___ Part-time Shift Availability: ___ Day ___ Afternoon/Swing ___ Night

Can you travel as the job requires? ___ Yes ___ No Do you possess a valid Driver's License? ___ Yes ___ No

Can you, after employment, submit proof of eligibility to work in the US? ___ Yes ___ No

Have you ever been employed by the Ojibwa Casino? ___ Yes ___ No If yes, please list your history below:

Position Held:	Supervisor:	Dates of Employment:

EDUCATION:

	Dates:	Name of School/Institution City, State	Degree/Certification/ Course of Study	Diploma/Degree/ Certificate Received?
High School:				
College/University:				
Vocational/ Trade School/ Other:				

EMPLOYMENT HISTORY:

Employer:	Date		Job Title:
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	
Employer:	Date		
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	
Employer:	Date		
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	

ADDITIONAL INFORMATION:

Please list any additional information, including special skills and qualifications that you have acquired from employment and other experiences, that you feel may be helpful in considering your application for employment:

CRIMINAL HISTORY:

Have you ever been convicted or pled “guilty” or “no contest” to a crime? Yes No

Have you ever been convicted or pled “guilty” or “no contest” to a felony? Yes No

Do you currently have any pending criminal charges or actions against you? Yes No

If you answered yes, please provide further information below. Please note: A criminal record will not automatically disqualify you from employment. Factors such as Date of Offense, Nature of the Offense, etc. will be taken into account.

Date of Offense:	Charge:	Disposition:

Please disclose the name(s) and relationship(s) of any immediate family members currently employed by the Ojibwa Casinos:

Name:	Relationship:

RECRUITMENT SOURCE:

How you hear about the position(s) that you are applying for? *(Please check one)*

Facebook MichiganWorks! Indeed Ojibwa Casino Website Ojibwa Casino employee Other: _____

APPLICANT ACKNOWLEDGMENT:

Please read the following carefully before signing. If you have any questions regarding the statements, please ask for assistance:

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in termination or being ineligible for hire.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week.

If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Applicant Signature: _____

Date: _____

Print Name: _____



SECURITY BACKGROUND CHECK CONSENT FORM

****Must be completed by all applicants****

As an employee or prospective employee of the Keweenaw Bay Indian Community's Ojibwa Casino, I understand that it is your policy to secure criminal history information as part of your pre-employment/employment screening process using the information provided below:

NAME: _____
(please print) LAST FIRST MIDDLE

Maiden name or
Names previously used: _____

Date of Birth _____ Race: _____ Sex: _____

Social Security No.: _____

Drivers License No.: _____ State: _____

Please list any states that you have resided in since the age of 18 (other than Michigan): _____

I understand that the above information is required by the Ojibwa Casino (owned and operated by the Keweenaw Bay Indian Community) for the sole purpose of obtaining a criminal history search. Further, I understand that some positions may require a federal criminal history check. I hereby authorize the Keweenaw Bay Indian Community to obtain information by conducting Tribal, State, and National criminal history checks.

Signature

Date

For office use only:

Check Completed:	Date Sent	Date Received	Results:
MSP			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Tribal Court			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other:			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Authorized Signature: _____ Date: _____