



Stockbridge-Munsee Community

Employment Application Form

Date of Application _____ - _____ - _____

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME

FIRST NAME

MIDDLE

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Address _____ Phone (____) _____

Mailing Address _____

SOCIAL SECURITY NUMBER
_____ - _____ - _____

Position Applied For _____ Date Available _____ - _____ - _____

Salary desired _____ per year, or _____ per hour. Are you at least 18 years of age? Yes No

Please indicate which types of employment interest you. (Check more than one if you wish.)

Permanent (Full-time) Permanent (Part-time) Temporary (Full-time) Temporary (Part-time)

Are you a veteran? Yes No If yes, what branch of the service? _____

**The Stockbridge-Munsee Community exercises an Indian preference on all jobs pursuant to 25 USC 45
PLEASE COMPLETE PAGE 4**

EDUCATION AND TRAINING

Do you have a High School Diploma, GED, or HSED?

Yes No

Name/location of High School:

Training beyond High School (College/University/Nursing/Business College or Vocational Education Colleges)

Circle the years attending: 1 2 3 4 5 6 7 8

Name and location	From	To	Major Field	Degree Earned

Do you have access to a car? Yes No

Do you have a valid Driver's License? Yes No If yes, please provide you Driver's License Number: _____

Employment History

List your last six (6) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed & duties
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

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Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

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Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

Employment History (Continued)

Employer	Telephone	Dates Employed		Summarize the nature of the work performed & duties
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed & duties
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Stockbridge-Munsee Community.

All applications for administrative/managerial/professional positions should include a resume.

A false or dishonest answer to any question on this application will be grounds for rating an applicant ineligible for employment with the Tribe or for dismissal after employment. All statements on this application are subject to inquiry.

I hereby authorize all parties named in this application to disclose to the Stockbridge-Munsee Community Human Resources Office any information necessary to determine eligibility for employment, including information regarding my service, character and conduct, and I hereby release the parties from all liability that may arise from furnishing such information. This authorization is good for one year from the date signed.

Signature _____ Date _____ - _____ - _____

Tribal Preference Information

THE FOLLOWING INFORMATION IS SOLICITED IN ORDER TO MEET THE REQUIREMENTS OF THE MOHICAN NATION EMPLOYMENT PREFERENCE POLICY.

1. Are you an **enrolled member** of the Stockbridge-Munsee Tribe? Yes No
If yes, what is your enrollment number? # _____
2. If not an enrolled member, are you a **direct descendent** of the Stockbridge-Munsee Tribe? Yes No
If yes, what is the enrollment number of your biological parent? # _____
3. Are you a **legal spouse** of an enrolled member of the Stockbridge-Munsee Tribe? Yes No
If yes, what is the enrollment number of your spouse? # _____

4. The Stockbridge-Munsee Community is proud to be a drug free workplace. Screening tests for illegal drug use are required as a condition of employment. Do you agree to submit to a pre-employment drug screening test? Yes No

If yes, please acknowledge with your full signature: _____

5. I agree not to divulge any records, methods, practices or procedures with which the Stockbridge-Munsee Community conducts its business, as this is proprietary information that is protected as trade secrets. I agree that all such matters and information shall be kept strictly and absolutely confidential at all times during my employment thereafter.

Signature: _____ Date: _____

HUMAN RESOURCE DEPARTMENT USE ONLY

Review application for completeness _____

Does position require an Elder/Youth license? _____

Proof of educational requirements _____

Does position require a gaming license? _____

Does position require background for bonding purposes? _____