

Penobscot Nation
Tribal Administration
Human Resources
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Community Building
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Phone (207)817-7306
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PENOBSCOT NATION



EMPLOYMENT APPLICATION

Penobscot Nation is an Equal Opportunity/At-Will Employer and practices Indian Preference to qualified Native Americans in accordance with Public Law 93-638.

Received Date: _____
Initials: _____

Penobscot Nation Tribal Administration

Application for Employment

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please Print**, except for the signature. All information that you provide will be held in strict confidence. Resumes can be submitted for supplemental purposes only.

Personal Information

Position Applying For _____

Date of Application _____

Last Name, First Name, Middle _____

Mailing Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Cell Phone _____

E-mail address _____

Date of Birth _____

Social Security Number _____

Previous names under which records may be found: _____

Are you a member of a Federally Recognized Tribe? _____

YES

NO

*If "Yes", what Tribe? _____

*Please provide Tribal Member Verification if Member of Federally Recognized Tribe other than Penobscot

Are you eligible to be lawfully employed in the United States? _____

YES

NO

If "No", indicate type of visa or immigration status: _____

Are you a U.S. veteran? _____

YES

NO

If "Yes", give discharge date and branch of service: _____

Are you over the age of 18? _____

YES

NO

General Information

Have you ever applied for work at the Penobscot Nation? _____

YES

NO

Have you ever worked for the Penobscot Nation? _____

YES

NO

If "Yes", when and what position(s)? _____

Have you ever been convicted of any crime, less than a felony and excluding minor traffic violations in the past five (5) years? _____

YES

NO

If "Yes", please explain: _____

Do you have any criminal action pending? _____

YES

NO

If "Yes", please explain: _____

Do you have a valid drivers license? _____

YES

NO

license # _____

State issued _____

Do you expect to be engaged in any other business or employment if hired? _____

YES

NO

Are you available to travel if required? _____

YES

NO

If hired, when would you be available to start? _____

Education

<u>Name and location of:</u>	<u>Course of Study</u>	<u># of Years Completed</u>	<u>Degree Completed</u>
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High School

College/University

Additional Education and/or Vocational or Technical Training

Employment History

Beginning with your most recent employer, provide all required information requested. Include any job related military service assignments, internships, apprenticeships and volunteer activities. You may exclude any organization which includes race, religion, gender, national origin, disabilities or other protected statuses.

Name of Employer:	Employed	Pay	Job Title	Job Responsibilities
Address:	From:	Start:		
	To:	Final:		
Telephone:				
Name of Employer:	Employed	Pay	Job Title	Job Responsibilities
Address:	From:	Start:		
	To:	Final:		
Telephone:				
Name of Employer:	Employed	Pay	Job Title	Job Responsibilities
Address:	From:	Start:		
	To:	Final:		
Telephone:				

If you are presently employed, may we contact your employer? YES NO

Please list additional previous employment with above requested information on a separate sheet.

Special Skills

Do you have any specific skills, certifications, or special licenses that are applicable to the position you are applying for?

What is your experience level with office machines, computers or equipment, and software?

Please list other types of machines or equipment that you have experience with:

References

List three (3) PERSONAL references, not relatives or former employers.

Name Relation Address Phone Number

1

2

3

List three (3) PROFESSIONAL references, not relatives.

Name Relation Address Phone Number

1

2

3

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Penobscot Nation Tribal Administration shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Penobscot Nation Tribal Administration any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, pursuant to the Penobscot Nation Policies and Procedures Manual. I understand that if employed, the Penobscot Nation will maintain a personnel file on me.

In addition, I grant permission to the Penobscot Nation Tribal Administration to conduct a criminal background check, if needed, along with the personal reference and prior employment checks previously mentioned. I also agree to have a physical examination, which includes drug testing, at the expense of the Penobscot Nation, prior to my final selection for employment.

Print Full Name

Signature

Date