



**EMPLOYMENT HISTORY**

Start with your **present or most recent** employer or experience. Please list all positions held and complete position and duties section. **Do NOT indicate “see resume”, even if you include a resume.** Please give accurate and complete information.

**Are you currently employed?** \_\_\_ Yes \_\_\_ No **May we contact your current employer?** \_\_\_ Yes \_\_\_ No

1. \_\_\_\_\_  
**Company Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_  
\_\_\_\_\_  
**Address** \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
\_\_\_\_\_  
**Name of Supervisor** \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_

**Position and responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What you liked most about the position?** \_\_\_\_\_  
\_\_\_\_\_

**What you liked least about the position?** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

2. \_\_\_\_\_  
**Company Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_  
\_\_\_\_\_  
**Address** \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
\_\_\_\_\_  
**Name of Supervisor** \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_

**Position and responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What you liked most about the position? \_\_\_\_\_

What you liked least about the position? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Rate of Pay

Position and responsibilities: \_\_\_\_\_

What you liked most about the position? \_\_\_\_\_

What you liked least about the position? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EDUCATION					
Schools Attended Name(s) & Locations	Graduate YES/NO	DEGREE	MAJOR SUBJECT/COURSES	MINOR	Grade Point Average (GPA)
High School					
College(s)					

<b>College(s)</b>					
<b>Other Job Related Training or Certifications</b>					
<b>Military</b>	Skills Acquired:				

<b>REFERENCES</b>
-------------------

List name, address and telephone number of three (3) business/work references that are *not* related to you and do not live with you. If not applicable, list three school or personal references that are *not* related to you.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Address and Telephone Number

**APPLICANT STATEMENT**

**GREAT LAKES INTER-TRIBAL COUNCIL, INC.**

2932 Highway 47 North  
PO BOX 9  
Lac du Flambeau, WI 54538  
715-588-3324

**Please read the following statements carefully before you sign your name.**

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to GLITC, Inc. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here).  
\_\_\_\_\_

I further understand that no representative of GLITC, Inc. has the authority to enter into any agreement for employment for any specified period of time and that GLITC, Inc. is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by GLITC, Inc., and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of GLITC, Inc. I understand that GLITC, Inc. is committed to maintaining a drug-free workplace. I am aware that GLITC, Inc. may require a drug test as part of the hiring process. Also, if employed, I realize that GLITC may conduct post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with GLITC, Inc., it will be necessary for me to complete a new application form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date