

Wabanung Campus
770 N. Main St.
L'Anse, MI 49946
Phone: (906) 524-8400
Fax: (906) 353-8106



Arts & Agriculture Center
15211 Pelkie Rd.
Pelkie, MI 49958
Phone: (906) 524-8400
Fax: (906) 524-8106

KBOCC Mission Statement: *Formed out of our American Indian identity, the mission of the Keweenaw Bay Ojibwa Community College is to provide post-secondary education rich in Ojibwa culture, tradition, and beliefs that supports lifelong learning.*

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 Keweenaw Bay Ojibwa Community College is an Equal Opportunity Employer, subject to the provisions of the Indian Preference Act.

Position(s) Applied For: _____					_____ Social Security Number
Name: _____					Date: _____
Last	First	Initial			
Address: _____					
Street Number	Street Name	City	State	Zip Code	
Home Phone: _____			Alternative Phone: _____		
Salary Desired: _____			Date Available to Start: _____		

Check all that apply			
	Yes	No	N/A
Have you been employed by KBOCC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to attend training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel as the job may require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide proof of US citizenship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you served in the military?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have served in the military, were you honorably discharged? (For veteran's preference, attach copy of DD214)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of a federally recognized Indian Tribe? If so list:			
Enrollment #	Tribe Name:		
Are you a descendant of a Federal Tribe? Please List:			
Do you have any conditions that would limit your performance in the position you are applying for? If so, please list.			

Education				
Name of School	Location		Course of Study and Degree Received	
Employment				
Employer Name, Address, and Phone #	Dates	Title and Description of Duties	Supervisor Name	Reason for Leaving
Current Employer	From			
	To			
Employer 2	From			
	To			
Employer 3	From			
	To			
Employer 4	From			
	To			

List any special skills or qualifications that you may have acquired from other employment and experiences: _____

References (No relatives)		
Name	Address	Phone

Please read the following carefully before signing. If you have any questions regarding the statements, please ask us 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 my discharge.

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

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

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.

Signature: _____ Date: _____

Security Background Check Consent Form

As an employee or prospective employee of **Keweenaw Bay Ojibwa Community College**, I understand it is your policy to secure criminal history information as part of your pre- employment/employment screening process using the information provided below.

Name: _____

Maiden Name or names previously used: _____

Birthdate: _____ Race: _____

Sex: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

I understand that the above information is required by the Central Records Division of the Freedom of Information Act in Lansing. I authorize the Keweenaw Bay Ojibwa Community College to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature: _____ **Date:** _____

Further, I understand that some positions may require both a criminal and civil background checks, especially those positions that include working with children, families, and the elderly. I hereby authorize the **Keweenaw Bay Ojibwa Community College** to obtain information regarding any involvement I have/had with child or adult. Protective Services cases or charges. I authorize this information to be released from: Keweenaw Bay Tribal Court; Keweenaw Bay Tribal Police Department; Keweenaw Bay Indian Community Department of Social Services; the State of Michigan Family Independence Agency; State of Michigan State Police and/or OTHER _____.

Signature: _____ **Date:** _____

(for office use only)

Date sent to MSP: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis	Date sent to KBTC: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis
Date sent to KBTPD: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis	Date sent to KBDSS: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis
Date Sent to MFIA: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis	Date sent to _____: _____ Date results received: _____ Results: <input type="checkbox"/> Satis <input type="checkbox"/> Unsatis
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AFFIDAVIT

AND RELEASE OF INFORMATION

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

Under penalty of perjury, I verify the given by me the foregoing questions and the statements made by me in this application for employment are correct, complete, and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, 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 this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Ojibwa Community College conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

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

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

I also understand I am required to abide by the current personnel policies, any amendments made to those policies.

Signature: _____ **Date:** _____