

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



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.*

Date _____	Student ID# _____
Position(s) Applied For _____	
Name _____	
Last	First
Initial	
Address _____	
Street Number	Street Name
City	State
Zip Code	
Phone _____	Alternate Phone _____
Email _____	
Major _____	Current Enrollment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Class Standing <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	Anticipated Graduation Date _____
Semester Desired: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic Year: _____
<i>Please attach current semester schedule</i>	

Check all that apply	Yes	No	N/A
Have you been employed by KBOCC or KBIC before?			
Are you willing to attend training?			
Can you travel as the job may require?			
Do you possess a valid driver's license?			
Do you have reliable transportation?			
Are you 18 years or older? If not, attach work permit			
Have you served in the military? If so, attach copy of DD214			
Are you a member of a federally recognized Indian Tribe? If so, attach copy of tribal ID			

List any skills, relevant course work, or specific interest in position you would like to mention: _____

List any conditions that may limit your performance in the position you are applying: _____

References/Advisors (No relatives)		
Name	Relationship	Phone

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

- This application has been completed to the best of my knowledge. I understand that any false information contained within may result in my discharge.
- I authorize you to communicate with school officials and references. I hereby release all schools and individuals from any liability for any damage resulting from giving such information.
- If employed, I understand and agree that employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.
- I grant to KBOCC permission to take and use photographs, video, and/or audio of my participation in college activities and employment, and hereby release any liability arising from their use without limitation.

Signature _____ **Date** _____

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.

Office Use Only:						<input type="checkbox"/> Stipend	<input type="checkbox"/> Payroll		
Student is <i>unable</i> to work									
Fall Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Spring Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Summer Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Note: Depending on the position, additional paperwork may be necessary

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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: _____
(please print) LAST FIRST MIDDLE

Maiden Name or names previously used: _____

Birthdate: _____ Race: _____

Sex: _____ Social Security Number: _____

Driver's 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

Parent/Guardian Signature (if needed)

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 _____

(must be completed or specifically noted as N/A)

Signature

Date

(for office use only)