

Wabanung Campus
770 N. Main Street,
L'Anse, Michigan 49946
Phone: (906)524-8400
Fax: (906)524-5420



Arts & Agriculture Center
15211 Pelkie Road,
Pelkie, Michigan 49958
Phone: (906)524-8903
Fax: (906)524-8420

KBOCC Mission Statement: *As a tribal land grant institution, Keweenaw Bay Ojibwa Community College supports and uplifts all learners to achieve their goals through holistic education, while promoting Anishinaabe culture, language, and lifeways.*

APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regards 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.

DATE: _____

POSITION(S) APPLIED FOR: _____

NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____
STREET NUMBER STREET NAME CITY STATE ZIP CODE

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

EMAIL ADDRESS: _____

SALARY DESIRED: _____ **AVAILABLE START DATE:** _____

CHECK ALL THAT APPLY:

	YES	NO	N/A
Have you ever been employed by KBOCC?	☐	☐	☐
Are you willing to attend training/professional development?	☐	☐	☐
Can you travel as the job may require?	☐	☐	☐
Do you possess a valid driver's license?	☐	☐	☐
Can you provide proof of US citizenship?	☐	☐	☐
Have you served in the military?	☐	☐	☐

If yes, were you honorably discharged? For veteran's preference, attach copy of DD214)

Are you a member of a federally recognized Native American tribe?	☐	☐	☐
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If yes, please list tribe:

Enrollment Number Tribe Name

Are you a descendant of a federally recognized Native American Tribe?	☐	☐	☐
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If yes, please list tribe:

Do you have any conditions that would limit your performance in the position you are applying for? If yes, please list in space provided:

EDUCATION				
NAME OF SCHOOL AND LOCATION		COURSE OF STUDY AND DEGREE RECEIVED		

EMPLOYMENT HISTORY				
EMPLOYER NAME, ADDRESS, & PHONE #	DATES	TITLE & 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 # OR EMAIL ADDRESS

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/or hours outside a normally defined workday or work week.

I authorize you to communicate with **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.

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 the 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 NAME(S) PREVIOUSLY USED:

BIRTH DATE: _____ **RACE:** _____

SEX: _____ **SOCIAL SECURITY #:** _____

DRIVER'S LICENSE #: _____ **STATE:** _____ **EXPIRATION DATE:** _____

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 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 check, 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 Indian Community Tribal Court, Keweenaw Bay Indian Community Tribal Police Department, Keweenaw Bay Indian Community Tribal Social Services Department, the Michigan Department of Health and Human Services, the State of Michigan Family Independence Agency, State of Michigan State Police** and/or OTHER:

SIGNATURE: _____ **DATE:** _____

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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 the 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 the Keweenaw Bay Ojibwa Community College to communicate with all my former employers, school officials, and persons named as references. I hereby release all my 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 that 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 that any offer of employment is contingent upon the results of such testing. I also understand that certain employment positions may require additional testing, such as tuberculosis screening.

I understand that 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 workday or work week.

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.

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

SIGNATURE: _____ **DATE:** _____