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 STUDENT INTERNSHIP

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: _____ **STUDENT ID #:** _____

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: _____

MAJOR: _____ **CURRENT ENROLLMENT:** ☐Full-Time ☐Part-Time

CLASS STANDING: ☐Freshman ☐Sophomore **ANTICIPATED GRADUATION DATE:** _____

SEMESTER DESIRED: ☐Fall ☐Spring ☐Summer **ACADEMIC YEAR:** _____

CHECK ALL THAT APPLY:

	YES	NO	N/A
Have you ever been employed by KBOCC?	☐	☐	☐
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 miliary? If yes, please attach copy of DD214.	☐	☐	☐
Are you a member of a federally recognized Native American tribe?	☐	☐	☐

If yes, please list tribe:

_____
Enrollment Number Tribe Name

Are you a descendant of a federally recognized Native American Tribe?	☐	☐	☐

If yes, please list tribe:

_____

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 for?

REFERENCES/ADVISORS (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.

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 the KBOCC 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 the 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:** _____

Please attach a copy of your current class schedule. Please mark an 'X' in any day and time in which you are **unable** 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									

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SECURITY BACKGROUND CHECK CONSENT FORM

As an employee or prospective employee of the Keweenaw Bay Ojibwa Community College, I understand it is policy of the KBOCC to secure criminal history information as part of the 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:** _____

PARENT/GUARDIAN SIGNATURE (If needed): _____ **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:** _____