

**GREAT LAKES INDIAN FISH AND WILDLIFE COMMISSION
CONSERVATION OFFICER EMPLOYMENT APPLICATION**

This information is for official use only and will not be released to unauthorized persons

NOTE: Application must be typewritten or clearly printed in ink.
All questions must be answered, if applicable. If not, NA (not applicable).
Applications which are not complete and legible will not be considered.
If space provided is not sufficient for complete answers, or you wish
to furnish additional information, attach sheets of the same size as this
application, and number answers to correspond with questions.

Date
Driver's License Number
Social Security Number

FEDERAL LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, OR NATIONAL ORIGIN. THE GREAT LAKES INDIAN FISH AND WILDLIFE COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER, SUBJECT TO THE PROVISIONS OF P.L. 93-638/INDIAN PREFERENCE ACT.

1. NAME		
a. NAME IN FULL (Last, First, Middle)		
b. List all other names you have used including nicknames: if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used. If you have ever legally changed your name, give date, place and court.		
c. BIRTH DATE (Month, Day, Year)	PLACE OF BIRTH	AGE
2. RESIDENCES		
a. Present Residence Address: (Apartment, Street, City, State, Zip Code)		
Telephone Numbers:	Residence:	Business:
b. Have you ever been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
c. Have you ever filed an application here before <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give dates of employment _____		
d. Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
e. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
f. Are you a member of a Federally recognized Indian Tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO Which Tribe? _____ Tribal ID Number: _____		

g. List chronologically ALL of your past residences during the past seven years. (Include addresses while attending school if away from home and all military addresses including any off military base.)

Dates		Apt No.	Street Address	City	State
From	To				

3. EDUCATION						
Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<u>High Schools</u>						
<u>Colleges</u>						
<u>Graduate School</u>						
<u>Miscellaneous</u>						

4. REFERENCES

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities.

<i>Complete Name</i>	Number of years acquainted	Occupation	
Address: (Street)	(City)	(State)	Telephone No.
			Business No.

<i>Complete Name</i>	Number of years acquainted	Occupation	
Address: (Street)	(City)	(State)	Telephone No.
			Business No.

<i>Complete Name</i>	Number of years acquainted	Occupation	
Address: (Street)	(City)	(State)	Telephone No.
			Business No.

5. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment.

<i>Name and Address of Employer</i>		Position and Kind of Work		Reason for Leaving
Name	<i>Dates</i>			
	From	To		
Address				
City and State	<i>Salary</i>			
	Beg.	End		
Telephone Number				

<i>Name and Address of Employer</i>		Position and Kind of Work		Reason for Leaving
Name	<i>Dates</i>			
	From	To		
Address				
City and State	<i>Salary</i>			
	Beg.	End		
Telephone Number				

5. EMPLOYMENT(Continued)

Name and Address of Employer		Position and Kind of Work	Reason for Leaving
Name	Dates From _____ To _____		
Address			
City and State	Salary Beg. _____ End _____		
Telephone Number			

Name and Address of Employer		Position and Kind of Work	Reason for Leaving
Name	Dates From _____ To _____		
Address			
City and State	Salary Beg. _____ End _____		
Telephone Number			

**If you wish to furnish additional employment information, attach sheets of the same size as this application and number answers to correspond with questions.

6. MILITARY RECORD

a. Have you ever served active duty in the Armed Forces of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes Highest rank attained _____		
b. Branch of Military Service	c. Serial Number	d. Dates of Active Duty (month/day/year) From _____ To _____
e. Type of Discharge Basis for Discharge _____	f. Member of Reserve <input type="checkbox"/> Yes <input type="checkbox"/> Ready <input type="checkbox"/> Ready <input type="checkbox"/> Standby Service Branch _____	
g. Was any type of disciplinary action taken against you in service which remains a part of your permanent record? <input type="checkbox"/> No <input type="checkbox"/> Yes Nature of _____		

7. COURT RECORDS

a. Have you ever been convicted for violating any law, including any municipal ordinance, Tribal, State, Federal, State or Tribal Natural Resources, or traffic law? (Do not include parking tickets) <input type="checkbox"/> No <input type="checkbox"/> Yes List all such matters: _____				
Date	Place	Charge	Final Disposition	Details
b. Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____				

8. GENERAL INFORMATION

a. Are you available to work _____ Full Time _____ Part-time

b. Are you on a lay-off and subject to recall? No Yes

c. Are you willing to attend job related training? No Yes

d. Can you travel, as job may require? No Yes

e. Do you have any physical, mental or medical impairment or disability that may reflect upon your suitability to perform the duties of a law enforcement officer, or which might require further explanation?

No Yes

If yes, give details:

State any additional information you feel may be helpful to us in considering your application for a law enforcement position.

I certify that answers given herein are true and complete to the best of my knowledge.

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

In submitting this application, I agree to submit to any drug testing that the Great Lakes Indian Fish and Wildlife Commission requests. I understand that any offer of employment is contingent upon the results of such testing.

In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge. I also understand that I am to abide by the Personnel Policies and Procedures of the Great Lakes Indian Fish and Wildlife Commission.

(Signature)

(Date)