

APPLICATION FOR EMPLOYMENT

GRAND PORTAGE RESERVATION

Human Resources Department ♦ PO Box 428, 83 Stevens Road ♦ Grand Portage, MN 55605
 (218) 475-2808 or 475-2809 ♦ Fax (218) 475-2371 ♦ Email Shaunna@grandportage.com

Grand Portage Requires Pre-Employment Drug And Alcohol Testing

Instructions: All information must be completed for application to be processed. You may be asked to provide additional information on another form. Be sure to sign and date the application. *Please print.*

Position(s) Applied For:	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry _____	

Last Name	First Name	Middle Name (Full)	
Mailing Address	City	State/Prov.	Zip/Postal Code
Email Address		Telephone Number	
Social Security Number		Additional Telephone Number (Optional)	

Do you have a legal right to be employed in the United States? Yes _____ No _____
 (If not a US Citizen, you must attach copy of proof.)

Native affiliation? Yes _____ No _____
 If yes, how? _____

Have you ever worked for Grand Portage before? Yes _____ No _____
 If yes, give dates, _____

Would you work: Full-Time _____ Part-Time _____ Shifts: Days _____ Swings _____ Graves _____

On what date would you be available to start work? _____

Education

School	Name & Address of School	Course of Study	# of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Work Experience (Start with your present or last job first.)

1) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		
2) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		
3) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		
4) Employer		Contact/Supervisor Name:
Address		Phone ()
Reason for Leaving		

Personal References

Name	City & State/Prov.	Phone Number with Area Code

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date