

# Lac Courte Oreilles Ojibwa Community College

## APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
                     Last                                      First                                      Middle

SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
   Street/Rural Route                                      Box #                                      City                                      State                                      Zip

PERMANENT ADDRESS \_\_\_\_\_  
   Street/Rural Route                                      Box #                                      City                                      State                                      Zip

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_ YES \_\_\_\_\_ NO

VALID DRIVERS LICENSE \_\_\_\_\_ YES \_\_\_\_\_ NO                                      CAR INSURANCE \_\_\_\_\_ YES \_\_\_\_\_ NO

DRIVERS LICENSE # \_\_\_\_\_

TYPE OF INSURANCE/INSURANCE COMPANY \_\_\_\_\_

U.S. CITIZEN \_\_\_\_\_ YES \_\_\_\_\_ NO                                      TRIBAL MEMBER \_\_\_\_\_ YES \_\_\_\_\_ NO

TRIBAL AFFILIATION \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER \_\_\_\_\_ YES \_\_\_\_\_ NO

EVER APPLIED WITH THIS COMPANY BEFORE \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL	_____	_____	_____	_____

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL COMPANY TRAINING AND SPECIAL SKILLS \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE/RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List starting with current or most previous

DATES	EMPLOYER NAME/ADDRESS	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES: Give the names of three (3) persons not related to you whom you have known at least one (1) year				
NAME	ADDRESS	BUSINESS	PHONE #'S	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone Numbers
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references listed above, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without prior notice.</p>		
Signature	Date	

**EMPLOYEE AGREEMENT WITH THE EMPLOYER:**

If hired, I agree as follows:

- To work the number of hours per day or week as required by the position.
- To accept supervision and/or instruction from assigned supervisor.
- To inform my supervisor in advance of any absences from work.
- To not expect pay for absence periods when absences exceed accumulated compensatory, vacation, or sick leave, if such provisions are authorized within my work program.
- To work on projects assigned, even though projects do not conform with my hired position job description.

Signature

Date