



LVDHC
Lac Vieux Desert Health Center

LAC VIEUX DESERT HEALTH CENTER EMPLOYMENT APPLICATION

Thank you for applying at Lac Vieux Desert Health Center!

Please take a moment to read the following:

1. Please make sure you have completely filled out the application. Any application with missing information may not be accepted for consideration of employment.
2. Applications are held on file for 90 days. After 90 days, you will be required to submit a new application.
3. As part of the application process, you will be required to submit a pre-employment drug test and may need to complete a detailed background investigation.
4. Attached is a release form you are required to sign in order for your application to be fully processed. This release enables us to contact your former employers regarding your previous work history.

Important Message for Applicants

As part of the employment process - every offer is contingent upon successful completion of the pre-employment process; which may include, but is not limited to a background check, credit check, and drug screen.

Please let the Human Resources Department know if you have any questions.

(906) 358-4588 – Ext. 102

Date: _____

APPLICANT INFORMATION				
Name (First, Middle Initial, Last)				
Address:				
Telephone:				
Email:				
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If under 18, can you furnish a work permit?				
What type of work are you interested in?		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Any		
What is your desired rate of pay?		Is your desired rate of pay negotiable?		
EDUCATION				
Type	Name/Location	Course of Study	# of Years Completed	Degree/Diploma
High School				
College				
Technical/Other				
EMPLOYMENT RECORD (5 YEARS): Please use additional sheets of paper if necessary.				
Company Name/Address:	Type of Work	Dates: To/From	Reason for Leaving	
U.S. MILITARY SERVICE				
Branch of Service:				
Dates To/From:				
Rank and Type of Service:				
Training/Experience Received:				

PROFESSIONAL REFERENCES				
Name	Occupation	Years Known	Phone Number	Email
1.				
2.				
3.				

All information must be filled out for all of your references, including both phone numbers and email addresses.

I, the undersigned, authorize and give consent for the Lac Vieux Desert Health Center, or any Agent acting on its behalf, to make inquires, collect, and use personal information concerning my current and past employment for the purpose of assessing my application for employment with the Lac Vieux Desert Health Center.

I, understand that if I am successful, this information will be retained in my personnel file within the Human Resource Office and disposed of according to the policy on personnel file retention and disposal. If I am unsuccessful, it will be destroyed in accordance with the health center’s policies.

I understand that the reference information may include but not limited to, verbal, written and digital inquiries or information about my employment performance, professional demeanor, and character, rehire potential, dates of employment, salary, and employment history. By providing such authorization, I understand and agree that I release the Lac Vieux Desert Health Center from any and all claims or potential claims I may have regarding any and all information released to or by the Lac Vieux Desert Health Center and regarding any employment decisions made about me on the basis of such information.

Applicant Signature: _____

EMPLOYMENT QUESTIONS	
Type of Work Desired	
Date Available to Start	
How were you referred to our organization?	
Have you ever been employed here before?	

Are you legally eligible for employment in this country?	
Can you meet the attendance requirements for this position?	
Do you have a high school diploma/GED or working towards a high school diploma/GED? Specify which one.	
Do you have any relatives who are employed by this organization? Please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Who: _____
Is there any information we would need about your name, or use of another name, for us to be able to check your work record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any additional information that relates to your ability to perform the job for which you have applied (licenses, professional memberships, hobbies, etc....):	
Are you Native American? If yes, what Tribe are you enrolled with?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify Tribe: _____
Have you ever been convicted of or plead no contest to any crime in federal, state, or tribal court?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide when, where and the nature of the crime: _____ _____
Have you ever been convicted of or plead no contest to any gambling-related offense, fraud, or misrepresentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently serving a deferred sentence for any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and for what? _____ _____
Have you ever been convicted of a felony in federal, state, or tribal court?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide when, where and the nature of the crime: _____ _____
Have you recently been arrested or currently facing pending charges that could result in a conviction in federal, state, or tribal court?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide when, where and the nature of the crime: _____ _____

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Lac Vieux Desert Band of Lake Superior Chippewa Indians Tribal Council of this organization. I understand that this application is not a contract of employment. I understand that the federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of ninety (90) days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if noted, to provide any information requested about me, and I release them from all liability or damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Name: _____

Applicant Signature: _____

Date: _____



APPLICANT COMMENTS:

As an Equal Opportunity Employer, this organization does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status. All information provided in this application will be treated confidentially and will be used only to help ensure the best use of your abilities if you are employed by us.