



Houlton Band of Maliseet Indians
88 Bell Road
Littleton, Maine 04730
(207) 532-4273

APPLICATION FOR EMPLOYMENT

HBMI is an Equal Opportunity/At-Will Employer and practices Indian Preference to qualified Native Americans in accordance with Public Law 93-638.

Only completed applications will be considered for openings. Provide all necessary documents with regards to licenses, degrees, certificates etc. (Including Motor Vehicle Drivers License)

Position Applying For Date of Application

Last Name First Name Middle Name

Street Address City State Zip Code

Telephone Number:



Are you a member of a Federally Recognized Tribe? ___Yes ___No
If yes, what Tribe? _____

If you are less than 16 years of age, can you provide required proof of your eligibility to work? ___Yes ___No

Have you ever been employed with us before? If yes, give date _____ ___Yes ___No

Are you currently employed? ___Yes ___No

May we contact your current employer? ___Yes ___No
If no, explain why _____

On what date would you be available for work? _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___Yes ___No
Proof of Citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? ___Yes ___No
If yes, please explain _____

Do you have any criminal action pending? ___Yes ___No

Do you have any relatives employed with HBMI? ___Yes ___No
If yes, who? (Specify relationship) _____

Education

Name and Address
Of school

Course
of Study

of Years
Completed

Diploma/
Degree

Elementary School

High School

College

Other (Specify)

Describe any specialized training, job-related, apprenticeship, skills and extracurricular activities.

List professional, trade, business or civic activities and office held. *You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Military Service – *List the service you were enlisted in, type of discharge you received and any commendations received. A copy of your DD-214 is required.*

Employment Experience

List all employment for the past 10 years. Start with your present or last job. Include any job related military services assignments and volunteer activities. You may exclude any organization, which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more room, please add to a plain piece of paper and attach.

| Employer | Dates Employed | Job Duties |
|------------------|----------------------|--------------------|
| Address | | |
| Telephone Number | Hourly Rate Starting | Hourly Rate Final |
| Job Title | Supervisor | Reason for Leaving |

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| Employer | Dates Employed | Job Duties |
|------------------|----------------------|--------------------|
| Address | | |
| Telephone Number | Hourly Rate Starting | Hourly Rate Final |
| Job Title | Supervisor | Reason for Leaving |

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| Address | | |
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| Employer | Dates Employed | Job Duties |
|------------------|----------------------|--------------------|
| Address | | |
| Telephone Number | Hourly Rate Starting | Hourly Rate Final |
| Job Title | Supervisor | Reason for Leaving |

References (no relatives please)

1. _____
(Name) (Phone #)

(Address)
2. _____
(Name) (Phone #)

(Address)
3. _____
(Name) (Phone #)

(Address)

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Applicant's Statement

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

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 the Tribal Council of HBMI specifically acknowledges such change in writing.

I authorize the Houlton Band of Maliseet Indians to complete a thorough investigation into my background. This will include communicating with any employer (unless specified on page 1), school, or military institution that I have listed on this application. I authorize the Houlton Band of Maliseet Indians to complete a reference check with the persons named as references concerning my skills, character, and responsibility. I understand that a Criminal History Background Investigation will be completed in the event of an offer of employment. I give the Houlton Band of Maliseet Indians the right to secure additional information about me if job related.

I hereby release from liability the Houlton Band of Maliseet Indians and it's representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

_____ **Date**