



Lac du Flambeau

Chippewa
Housing
Authority

554 Chicog Street
P.O. Box 187
Lac du Flambeau, WI 54538

Ph: (715) 588-3348
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LDF CHIPPEWA HOUSING AUTHORITY EMPLOYMENT APPLICATION

NOTICE: Equal employment opportunities shall, except as permitted by the Native American Employment Preference Policy afforded by federal law, be extended to qualified individuals without regard to race, religion, national origin, sexual preference, gender or handicap in all personnel matters including recruitment, evaluation, selection/hire, promotion, transfer, retention, training, compensation and termination. The LDF Chippewa Housing Authority will treat any and all employees and job applicants on the basis of merit, qualifications and competence but does retain the right to exercise Native American preference in all employment related decisions in accordance with Tribal and federal law.

PLEASE FILL IN COMPLETELY

Name _____ Date _____

Mailing address _____ Phone # _____

Physical address _____

City _____ State _____ Zip _____

Are you a citizen of the U.S.? Yes No

If you are under 18 and, if it is required, can you furnish a work permit? Yes No

Have you applied here before? Yes No When? _____

Position(s) applying for _____

Start When _____ Full Time Part Time
 Temporary Other _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you able to travel if the job requires it? Yes No

Native American Preference (select one of the following):

Are you a member of the LDF tribe: YES or NO

If yes, provide your LDF Tribal ID # _____

Tribal Descendent: tribal ancestor name: _____ & ID # _____

If not of LDF tribe, are you a member of another federally recognized Indian Tribe?

Yes _____ or No _____ If yes, Tribal ID # _____

Other federally-recognized tribe: _____ Location: _____

If a driver's license is required for this position; place your number below and vehicle insurance information below:

Driver's License # _____ State _____

Expires _____

Insurance Company "Providing healthy, safe, and affordable housing."

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary/hourly rate _____

JOB DUTIES _____

EMPLOYER _____

Address _____ City _____ State _____ Zip _____

Phone # _____

Supervisor's Name _____

Job Title _____

Reason for leaving _____

Dates of Employment: From _____ To _____

Salary or hourly rate _____

JOB DUTIES _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # _____

Supervisor's Name _____

Job Title _____

Reason for leaving _____

Dates of Employment: From _____ To _____

Salary/hourly rate _____

JOB DUTIES _____

EDUCATION:

Schools/Colleges Attended: _____ Degree: _____ # Years Attended _____ Year Grad.: _____

JOB-RELATED TRAINING: _____

SKILLS AND QUALIFICATIONS

Describe any special qualifications or skills for this job:

Computer skills (Include Software and years of experience)

- Word Processing _____ Years ____
- Spreadsheets _____ Years ____
- Database Management _____ Years ____

Have you been convicted of a felony in the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WORK REFERENCES: List 3 business/work references who are not related to you.

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, notify (name, address, phone, relationship). Please list two contacts:

NOTICE: A criminal background check is required for all applicants for CHA employment. Your signature below represents your voluntary authorization for the LDF Chippewa Housing Authority agents and representatives, to obtain this report and on any other information provided by you on this CHA Employment Application.

CERTIFICATION: I understand that this authorization will serve as ongoing authorization for any information to be obtained at any time in connection with CHA employment.

Signature of Applicant/Employee Print Full Name

Social Security Number
(optional, but will be required prior to interview)

_____-_____-_____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations 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. **This application will be retained for a period of 90 days.** In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____
(Applicant)

Date _____

For Personnel Department only

Remarks _____

Interview date scheduled _____

MAINTENANCE JOB POOL

Please complete and return to LdF CHA for consideration in the job pool along with copies of licenses or certifications

Work Performed	Training	Experience	Licenses or Certifications
General laborer	_____	_____ Years _____ Months	_____
Electrical	_____	_____ Years _____ Months	_____
Carpentry	_____	_____ Years _____ Months	_____
Roofing	_____	_____ Years _____ Months	_____
Siding	_____	_____ Years _____ Months	_____
Drywall	_____	_____ Years _____ Months	_____
Landscaping	_____	_____ Years _____ Months	_____
HVAC	_____	_____ Years _____ Months	_____
Plumbing	_____	_____ Years _____ Months	_____
Housekeeping	_____	_____ Years _____ Months	_____
Other	_____	_____ Years _____ Months	_____