



Ho-Chunk Nation Application for Employment

The Ho-Chunk Nation Legislature has officially adopted a policy for implementing Ho-Chunk Preference. The Ho-Chunk Nation is a sovereign government whose goal is to employ, train, and promote Ho-Chunk Nation enrolled members to advance economic self-sufficiency.

(Please Print)

| | | | |
|-----------------|--|-------------------|----------|
| Last Name | First Name | Middle Initial | |
| Mailing Address | City | State | Zip Code |
| Home Ph # | Cell Ph # | Social Security # | |
| Email | <input type="checkbox"/> May we contact you by email regarding Interviews? | | |

| | | | |
|----------|-----------------------|---------------------|---------------------|
| Job Code | Position Applying For | Department/Location | Date of Application |
| _____ | _____ | _____ | _____ |

NOTE:
Incomplete applications won't be considered for an interview. You must be qualified to be considered for an interview. A resume may be required per the job posting.

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Are you able to become lawfully employed in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)
- Are you available to work: Full Time Part Time Temporary
- Forward application to Dept. of Labor to be contacted for more employment and/or training opportunities? Yes No

The following section is optional and is only used to assign preference points.

The Department of Personnel shall research and prepare a written response to all written inquiries of possible misapplication of the Ho-Chunk Preference Policy and Native American Preference. Individuals have the right to submit a written inquiry to the Department of Personnel, regardless of whether such individual is an employee at the time of the application process.

- Tribal Affiliation: _____ Enrollment #: _____
(A copy of your Tribal ID must be attached to be given preference points.)
- Are you a Non-Enrolled Parent or Spouse of a Ho-Chunk Nation Enrolled Member? Yes No
If yes, list dependent(s) or spouse's enrollment number(s):

- Are you a Veteran of the United States Military? Yes No
(A copy of your DD214 Discharge papers, must be attached to be given veteran's preference points.)
If yes, When: _____ Release date/type: _____

EDUCATION (To be considered for position(s) please submit a copy of your degree/certification for education claimed above high school.)

| School | Name and Address of School | Course of Study | Years Completed | Diploma/Degree | Year Received |
|-------------------------|----------------------------|-----------------|---|----------------|---------------|
| High School | | | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| Undergraduate College | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |
| Graduate / Professional | | | | | |
| Other (Specify) | | | | | |

WORK EXPERIENCE

Start with your most recent job. Include any job-related military service and volunteer activities.
Reference checks may be conducted unless marked.

| | | | |
|---------------------|--|--------------|-----------------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | |
| Supervisor | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Reason for Leaving | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | |
| Supervisor | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Reason for Leaving | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | |
| Supervisor | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Reason for Leaving | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | |
| Supervisor | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Reason for Leaving | | | |

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

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

Additional Information

Have you ever been convicted of a felony? *(Do not include traffic violations.)* Yes No

| Type | Year | County | State |
|------|------|--------|-------|
| | | | |
| | | | |

Have you ever been convicted of a misdemeanor? *(Do not include traffic violations.)* Yes No

| Type | Year | County | State |
|------|------|--------|-------|
| | | | |
| | | | |

Have you ever been convicted of violating a Tribal/City/Council Ordinance, including the Nation's Drug Policy? *(Do not include traffic violations.)* Yes No

| Type | Year | County | State |
|------|------|--------|-------|
| | | | |
| | | | |

If you have used or are otherwise known by another name, list all such names below: (including nickname(s) and maiden names).

1. _____

2. _____

Previous Address(s):

1. _____

2. _____

3. _____

Note to Applicant: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB(S) FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job(s) or occupation(s) for which you have applied? A review of the activities involved in such a job or occupation has been given.
 Yes No

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PRIVACY ACT NOTICE

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation on this form is authorized by 25 U.S.C. 2791 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employees of the Ho-Chunk Nation. The information will be used by the Ho-Chunk Nation and staff who have need for the information in the performance of their official duties and may be disclosed to appropriate Tribal, Federal, State, local and foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions. Disclosure may also occur pursuant to a requirement of the Ho-Chunk Nation, in connection with the hiring or the firing of an employee, or the issuance or revocation of a tribal license or investigations of activities while associated with the Ho-Chunk Nation. Failure to consent to the disclosures indicated in this notice will result in the rejection of your application for employment.

The disclosure of your gender or social security number is voluntary. However, failure to supply your gender and social security number may result in errors in the processing of your application.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Gender: Male or Female

APPLICANT'S STATEMENT

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.

I hereby authorize all persons and entities to which this release is presented, having information related to or concerning me, to furnish any and all such information to any agent of the Ho-Chunk Nation. Any reproduction of this release, whether photocopy, fax, or other process, shall be considered as valid as the original. Employers are hereby released from any and all liability, which may result from furnishing such information. This authorization is good for one (1) year from the date below.

The application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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. I further agree, as a condition of my application for employment, to submit to any medical examination if requested, based on the requirements of the position that I may be considered for.

In accordance with the Drug Free Work Place Act of 1988, all applicants/employees are required to comply with the Ho-Chunk Nation's Drug and Controlled Substances Policy and Procedures. I will also comply with all laws, policies, and procedures of the Ho-Chunk Nation. I understand that the Ho-Chunk Nation retains the right to amend, modify, add, or delete any or all laws, policies, and procedures at its sole and absolute discretion.

This application is valid for sixty days from the application date, unless renewed by the applicant in person or in writing.

Please Print Your Full Name: _____

Signature: _____ Date: _____