

**Passamaquoddy Tribal Government
Human Resources Department
P.O. Box 343
Perry, Maine 04667
Phone: (207) 853-2600**

To be considered, a complete application needs to include:

1. Application
2. Current Resume
3. Three (3) current letters of reference, they must be signed and dated by the author.

Drop off in the metal box just outside the Receptionist Office:

Human Resources Department
Attn: Nikki Dana
P.O. Box 343
22 Bayview Drive
Pleasant Point, ME 04667

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date: _____

Have you ever been employed with us before?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

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

On what date would you be available for work?

Date: _____

Are you available to work:

Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 year?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes please explain: _____

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/degree																	
Describe course of study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes No
 If yes please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job, include any job-related military service assignments volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, handicap or other protected status.

Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed: From To		Work Performed:
Address:	Hourly Rate/Salary Starting Final		
Telephone Number(s):			
Job Title: Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice if funds become unavailable.

I further understand that any non-tribal member employed by the tribe will only have that position available to them until such time as a tribal member becomes qualified to take over that position.

The tribe acknowledges that any information contained herein or obtained will be considered confidential and will not be released without consent.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

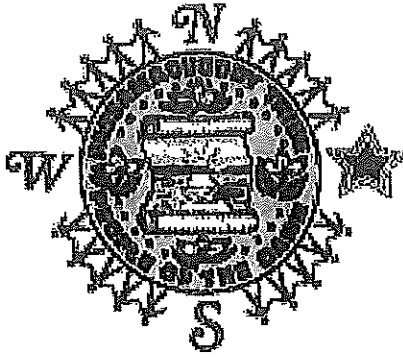
Job Title _____ Salary _____ Department _____

By: _____

Name and Title

Date

NOTES _____



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Reference Checking Consent and Authorization Form

Disclosure

Please read the information on this form carefully and completely.

I have applied for employment with the Passamaquoddy Tribal Government at Pleasant Point and have provided information about my previous employment. I authorize the Passamaquoddy Tribal Government to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to the Passamaquoddy Tribal Government, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and the Passamaquoddy Tribal Government from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Passamaquoddy Tribal Government.

I further authorize the Passamaquoddy Tribal Government to obtain feedback and references from my supervisors over the course of my employment with the Passamaquoddy Tribal Government. I understand that subsequent and continued employment with the Passamaquoddy Tribal Government may be subject to this feedback.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Name (please print): _____

Signature: _____ Date: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____