



MIKINAAK SNACK SHACK



# KEWEENAW BAY INDIAN COMMUNITY ENTERPRISE APPLICATION FOR EMPLOYMENT

*Please return applications to the KBIC Enterprise Human Resources Office (located within the Ojibwa Casinos)*

**Baraga Property:** 16449 Michigan Ave., Baraga, MI 49908 Phone: 906-353-6333 x4188 Fax: 906-353-8786

**Marquette Property:** 105 Acre Trail, Marquette, MI 49855 Phone: 906-249-4200 x4705 Fax: 906-249-9610

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community Enterprise is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT.

**Licensed positions with the Ojibwa Casinos require an extensive federal background clearance in order to obtain a gaming license.**

**Position(s) Applied For:** \_\_\_\_\_

**Business:**  Ojibwa Casinos  Pines  Rez Stop  Mikinaak Snack Shack  Eagle Radio  Solid Waste  Asemaa Wholesale

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Middle Initial*

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
*(Area Code)*

Are you a member of a federally recognized Tribe?  Yes  No If no, are you a Descendent?  Yes  No

If you answered yes to either question above, which Tribe? \_\_\_\_\_

**Please submit proof of Tribal Enrollment or Descendancy to claim Tribal Preference**

Are you a Veteran of the USA Armed Forces?  Yes  No Military Service/Branch: \_\_\_\_\_

Did you receive an Honorable Discharge?  Yes  No **Please submit your DD214 to claim Veterans' Preference**

**Salary Desired:** \$ \_\_\_\_\_ **Date available to start:** \_\_\_\_\_

**Available to work:**  Full-time  Part-time **Shift Availability:**  Day  Afternoon/Swing  Night

Can you travel as the job requires?  Yes  No Do you possess a valid Driver's License?  Yes  No

Can you, after employment, submit proof of eligibility to work in the US?  Yes  No

With Reasonable Accommodations, are you physically able to perform the duties of the position(s)?  Yes  No

Our minimum age for employment is 18 years old. Do you meet this requirement?  Yes  No

**Have you ever been employed by the KBIC?**  Yes  No If yes, please list your history below:

Position Held:	Business/Department:	Supervisor:	Dates of Employment:

**EDUCATION:**Do you possess a High School Diploma/GED?  Yes  NoIf no, are you currently working on obtaining your GED?  Yes  No

	Dates:	Name of School/Institution City, State	Degree/Certification/ Course of Study	Diploma/Degree/ Certificate Received?
High School:				
College/University:				
Vocational/Trade School/Other:				

**EMPLOYMENT HISTORY:**

Employer:	Dates		Job Title:
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	
Employer:	Dates		
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	
Employer:	Dates		
Address:	From	To	Summarize Work Performed & Job Duties:
Telephone:			
Supervisor: Title:	Hourly Rate/Salary		
Reason for Leaving:	Starting	Final	
May we Contact for References:	\$	\$	

**ADDITIONAL INFORMATION:**

Please list any additional information, including special skills and qualifications that you have acquired from employment and other experiences, that you feel may be helpful in considering your application for employment:

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**CRIMINAL HISTORY:**

Have you ever been convicted or pled “guilty” or “no contest” to a crime?  Yes  No  
Have you ever been convicted or pled “guilty” or “no contest” to a Felony?  Yes  No  
Do you currently have any pending criminal charges or actions against you?  Yes  No

*If you answered yes, please provide further information below. Please note: A criminal record will not automatically disqualify you from employment. Factors such as Date of Offense, Nature of the Offense, etc. will be taken into account.*

Date of Offense:	Charge:	Disposition:

**Please disclose the name(s) and relationship(s) of any immediate family members currently employed by the KBIC Enterprise:**

NAME:	RELATIONSHIP:

**\*\* REFERRAL SOURCE: How did you hear about the position(s) here?**

FaceBook  Michigan Works  Indeed  Ojibwa Casino Website  Enterprise Employee  Other \_\_\_\_\_  
Referred by: \_\_\_\_\_

**APPLICANT ACKNOWLEDGMENT:**

*Please read the following carefully before signing. If you have any questions regarding the statements, please ask for assistance:*

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in termination or being ineligible for hire.

I authorize the KBIC Enterprise to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week.

If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



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# SECURITY BACKGROUND CHECK CONSENT FORM

**\*\*Must be completed by all applicants\*\***

As an employee or prospective employee of the Keweenaw Bay Indian Community Enterprise, I understand that it is your policy to secure criminal history information as part of your pre-employment/employment screening process using the information provided below:

NAME: \_\_\_\_\_  
(please print)                      LAST                                      FIRST                                      MIDDLE

Maiden name or  
Names previously used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_

Please list any **states** that you have resided in, **and the years**, since the age of 18 (other than Michigan). *If you have only ever resided in Michigan since the age of 18, please list "N/A":* \_\_\_\_\_

I understand that the above information is required by the Keweenaw Bay Indian Community Enterprise for the sole purpose of obtaining a criminal history search. Further, I understand that some positions may require a federal criminal history check. I hereby authorize the Keweenaw Bay Indian Community to obtain information by conducting Tribal, State, and National criminal history checks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For office use only:***

Check Completed:	Date Sent	Date Received	Results:	
MSP			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Tribal Court			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Other:			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Other:			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Background Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GM Approval:  Yes  No      Signature: \_\_\_\_\_ Date: \_\_\_\_\_



DATE: \_\_\_\_\_

**KEWEENAW BAY INDIAN COMMUNITY**  
Screening Questionnaire

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Position Applying For: \_\_\_\_\_
- Volunteer/Location: \_\_\_\_\_
- Foster Parent/Household Name: \_\_\_\_\_

Please check the following if you have pled guilty, been found guilty or plead nolo contendere to any of the following:

YES / NO

**FELONY:** Any Crime of Violence – Assault/A & B/DV or other violent crime; Crime against person; Sexual Assault; Sexual Molestation; Sexual Exploitation, Sexual contact with or a prostitution crime; Any offense against a child or children; Any Drug related offenses.  
If yes, list date, court and conviction details: \_\_\_\_\_

**MISDEMEANOR:** Any Crimes listed above? – if yes - how many times \_\_\_\_\_ [use additional paper if needed]  
If yes, list date, court and conviction details: \_\_\_\_\_

Were you convicted of any Crimes of Theft, Embezzlement or any crime relating to money/goods?

Are you a Registered Sex Offender?

Will you be able to pass a Central Registry Check with KBIC or other Tribal Social Services?

Will you be able to pass a Central Registry Check with the State of Michigan or other state or Reservation you have resided on in the past 5 years? List States/Reservations: \_\_\_\_\_

Please list the charges referenced above – failure to not disclose required information may result in a negative result – use the back of this form if you need more space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date