

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Please read before filling out this application

Lumbee Tribe of NC does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. **Preference in employment, contract and subcontract agreements will be given to American Indians and enrolled members of the Lumbee Nation.** No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **Lumbee Tribe of NC intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions. Yes No

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Are you authorized to work for any employer in the US? Yes No

Are you related to a Tribal Council member or a staff member of the Lumbee Tribe? Yes No
If yes, please identify _____

Are you a member of the Lumbee Tribe of North Carolina? Yes No
Enrollment # _____ Chart # _____

Do you now or in the future will you require sponsorship by the company to retain employment in the US? Yes No

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Check Highest Grade Completed:																			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Grade, Junior High or High School												College or University				Graduate School			
Type of School	Name of School	Location			Major Subject or Course of Study				Did You Graduate?										
High School																			
College																			
Business or Trade School																			
Correspondence School																			
Other (Specify)																			
Graduate School																			
List Degree(s) Obtained																			

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

When could you report for work? _____

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No
 If yes, identify employer _____

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip
Supervisor's Name/Title		Type of Business	Final Salary \$ per
Your Position/Title		Responsibilities/Duties	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address City	State Zip	Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address City	State Zip	Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service: _____
Duties in the service, including schools and training: _____

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Lumbee Tribe of NC my record, reason for leaving and all information they may have concerning me, and hereby release them and Lumbee Tribe of NC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Lumbee Tribe of NC with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Lumbee Tribe of NC it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Lumbee Tribe of NC, I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of Lumbee Tribe of NC. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of Lumbee Tribe of NC (except the Tribal Administrator) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Signature _____

Date _____

