



**LAC COURTE OREILLES  
COMMUNITY HEALTH CENTER**  
13380 W Trepania Road • Hayward, Wisconsin 54843-2186

Telephone: 715-638-5100

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**APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

**Personal Information:** Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Present Address:** \_\_\_\_\_  
Street/Rural Road      Box      City      State      Zip Code

**Permanent Address:** \_\_\_\_\_  
Street/Rural Road      Box      City      State      Zip Code

**Phone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Do you have reliable transportation?** \_\_\_\_ Yes \_\_\_\_ No      **Valid Drivers License?** \_\_\_\_ Yes \_\_\_\_ No

**Drivers License Number:** \_\_\_\_\_ **Car Insurance?** \_\_\_\_ Yes \_\_\_\_ No

**Type of Insurance and name of company:** \_\_\_\_\_

**U.S. Citizen?** \_\_\_\_ Yes \_\_\_\_ No      **Are you a Member of an American Indian Tribe?** \_\_\_\_ Yes \_\_\_\_ No

**If so, what Tribe are you affiliated with?** \_\_\_\_\_

**Position you are applying for:** \_\_\_\_\_

**Type of employment you are applying for:** \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Seasonal \_\_\_\_ Educational Co-op

**Date you are available to work:** \_\_\_\_\_ **Salary range:** \_\_\_\_\_

**Are you employed now?** \_\_\_\_ Yes \_\_\_\_ No      **If so, may we contact your present employer?** \_\_\_\_ Yes \_\_\_\_ No

**Have you applied to this company before?** \_\_\_\_ Yes \_\_\_\_ No      **If so, when?** \_\_\_\_\_

| EDUCATION                             | NAME & LOCATION OF SCHOOL | # OF YEARS | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---------------------------------------|---------------------------|------------|-------------------|------------------|
| GRAMMAR SCHOOL                        |                           |            |                   |                  |
| HIGH SCHOOL                           |                           |            |                   |                  |
| COLLEGE                               |                           |            |                   |                  |
| Trade Business/ Correspondence School |                           |            |                   |                  |

*The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70, years of age.*

**Are you a member of the National Guard or Reserves?** \_\_\_\_ Yes \_\_\_\_ No      **Branch?** \_\_\_\_\_

**FORMER EMPLOYERS:** (List below the last four (4) employers, starting with the most current or recent)

| Month & Year | Name & Address of Employer | Phone | Salary | Position | Reason for Leaving |
|--------------|----------------------------|-------|--------|----------|--------------------|
| From<br>To   |                            |       |        |          |                    |
| From<br>To   |                            |       |        |          |                    |
| From<br>To   |                            |       |        |          |                    |
| From<br>To   |                            |       |        |          |                    |

**REFERENCES:** (Give the names of three (3) persons, not related to you, whom you have known at least one year)

| Name | Address | Business | Phone Number | Yrs. Acq. |
|------|---------|----------|--------------|-----------|
|      |         |          |              |           |
|      |         |          |              |           |
|      |         |          |              |           |

Do you have any medical, physical or mental impairments that would limit you from performing the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

In case of emergency contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

*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 shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing this 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 prior notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT AGREEMENT WITH THE TRIBE**

If hired, I agree as follows:

1. To work the number of hours per day or week as required by the position
2. To accept supervision and/or instruction from assigned supervisors.
3. To inform my supervisor, in advance, of any absence from work.
4. To not expect pay for absence periods, when absences exceed accumulated compensatory, vacation or sick leave, if such provisions are authorized within my work program.
5. To work on projects assigned, even though it does not conform to my hired position or job description.

Perspective employee signature: \_\_\_\_\_ Date: \_\_\_\_\_