



The Saginaw Chippewa Indian Tribe Of Michigan

6954 EAST BROADWAY

MT. PLEASANT, MICHIGAN 48858

(989) 775-4866

FAX (989) 775-4842

FIRE DEPARTMENT

Application for Wildland Firefighter

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth ___/___/___ Social Security Number: _____

Are you 18 years of age or older? _____

Have you ever submitted an application with our Tribe's government or any of its enterprises?: _____

If yes, Dept: _____ Title: _____

Are you currently a legal citizen of the United States? _____ If not, are you currently on a work Visa? _____

Do you currently live within 5 miles of the Tribal Fire station?: _____

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime other than a minor traffic violation?
_____ If yes, please give list the date, state, county, and nature of the charge. _____

(Answering yes does not necessarily mean that your application will be disqualified).

Driver's Licence number _____ State _____

Educational & Training Background **Please attach resume if applicable.*

School	Course of Study	Years Completed	Graduated Y/N	Degree
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Grad School _____	_____	_____	_____	_____
Tech/Other _____	_____	_____	_____	_____

Employment History

Provide the following information of your past and current employees, assignments or volunteer activities, beginning with the most recent, including military service. Attach additional sheets if necessary. Explain any gaps in employment below.

Employer	Telephone	Dates Employed From / To	Summarize the Types of Work Performing & Job Responsibilities
Address		Starting Hourly Rate/Salary	
Starting Job Title/ Final Job Title		Final Hourly Rate/Salary	
Immediate Supervisor and Title		Reason for Leaving	May we contact for Reference ___ Yes ___ No

Employer	Telephone	Dates Employed From / To	Summarize the Types of Work Performing & Job Responsibilities
Address		Starting Hourly Rate/Salary	
Starting Job Title/ Final Job Title		Final Hourly Rate/Salary	
Immediate Supervisor and Title		Reason for Leaving	May we contact for Reference ___ Yes ___ No

Employer	Telephone	Dates Employed From / To	Summarize the Types of Work Performing & Job Responsibilities
Address		Starting Hourly Rate/Salary	
Starting Job Title/ Final Job Title		Final Hourly Rate/Salary	
Immediate Supervisor and Title		Reason for Leaving	May we contact for Reference ___ Yes ___ No

Comments Including explanation of any gaps in employment

Voluntary Information

Saginaw Chippewa Indian Tribal Member Other Native American Tribal Member _____
 Saginaw Chippewa Indian Tribal Descendant _____ Tribal Affiliation

Note: When claiming Native American preference all applicants must provide verification when submitting application

Personal References

Name	Address	Telephone	Number of Years Known

Additional Information

List professional, trade, business or civic associations and any offices held. (You may exclude memberships that would reveal race, color, religion, sex, national origin, age, ancestry, handicap or other similarly protected status)

Organizations

Offices Held

List special accomplishments, publications, awards or additional information you would like us to consider.
(You may exclude memberships that would reveal race, color, religion, sex, national origin, age, ancestry, handicap or other similarly protected status)

Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Have you ever had any other job-related training in the United States Military not listed above?..... Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform a portion or all of one or more duties of the job for which you are applying?..... Yes No

Applicant Statement

Initial each area then sign at the bottom

___ I certify that all information I have provided in this employment application is true, complete, and correct.

___ I understand that any information provided by me on this employment application, background documents, or during the interview process that are found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further considerations for employment, or immediately discharge me from the Fire Department.

___ I expressly authorize, without reservation, The Saginaw Chippewa Indian Tribe of Michigan, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or job interview. I hereby waive any and all rights and claims I may have regarding the Saginaw Chippewa Indian Tribe of Michigan, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. This may include, but not be limited to, a criminal background check and credit check.

___ I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable federal law. In addition, the Saginaw Chippewa Indian Tribe of Michigan, a federally recognized Indian Tribe, will give preference to qualified Native Americans with regard to hiring, transfers, promotions and reduction in our work force.

___ I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the fire department and still wish to be considered for appointment, it will be necessary to reapply and fill out a new application.

___ This application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of the Saginaw Chippewa Indian Tribe of Michigan is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Saginaw Chippewa Indian Tribe's Tribal Chief or Sub-Chief.

___ I also understand that if I am approved, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws may require me to complete an I-9 Form in this regard.

___ If selected for appointment, I understand, I will submit to a physical including a drug test. Final appointment will be determined by results of my physical and drug test.

Please Sign Full Name Here

_____/_____/_____
Today's Date

Please Print Full Name Here