

Eltueg Development Corporation
c/o Christina Kane-Gibson, Interim CEO
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Eltueg Application for Employment

Applicants are considered for all positions regardless of race, color, religion, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. However, American Indian preference does apply:

IMPORTANT: PLEASE ANSWER ALL QUESTIONS REGARDLESS OF APPLICABILITY. IF ANY QUESTION IS LEFT BLANK, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT CONSIDERED FOR THE POSITION.

Please Print

Date of Application: ____/____/____

Position applied for: _____

Referral Source: ____Advertisement ____Friend ____Relative ____Walk-In ____Agency ____Other

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City/State Zip Code

Telephone: _____ Email: _____

How long have you lived at the above address? If less than five years, list previous address below:

Address: _____
Street/P.O. Box City/State Zip Code

Dates: _____ - _____
From To

Address: _____
Street/P.O. Box City/State Zip Code

Dates: _____ - _____
From To

Are you a member of a government-recognized Tribe? _____ Yes _____ No

Tribal Affiliation: _____

You will need proof of Tribal Affiliation upon employment

Are you under the age of 18? _____ Yes _____ No

If yes, can you furnish a work permit? _____ Yes _____ No

Have you applied to this office in the last six months? _____ Yes _____ No

Have you been employed here before? _____ Yes _____ No

May we contact your present employer _____ Yes _____ No

Are you prevented from lawful employment in this country due to VISA or immigration status?

_____ Yes _____ No (The Tribe requires proof of citizenship or immigration status upon employment.)

When would you be available to start work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you on lay-off or subject to recall? _____ Yes _____ No

Are you available to travel if required? _____ Yes _____ No

Do you hold a current and valid driver's license? _____ Yes _____ No

If yes, please list your license number: _____

Have you been convicted of motor vehicle violations in the past five years? _____ Yes _____ No

If yes, please explain:

Have you been convicted of a crime, pled guilty, or had no contest plead within the past five years? _____ Yes _____ No

If yes, please explain:

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM-ERA VETERANS,
AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:**

If you wish to identify, please sign below:

_____ Handicapped _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

U.S. Military Veteran? _____ Yes _____ No Branch: _____

Dates of service: _____ - _____
From To

Job-Related Training: _____

Do you have any physical or mental impairment or disability that would limit your job placement and enable you to perform your job to maximum capacity?

___ Yes ___ No. If yes, please indicate: _____

Indicate what foreign/native language you speak, read and/or write:

FLUENTLY

GOOD

FAIR

Speak: _____

Read: _____

Write: _____

List professional, trade, business and/or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin):

References: Give the names, addresses and phone numbers of three persons not related to you whom you have known for at least one year.

Name	Address	Phone	Years Acquainted

Describe any specialized skills relating to the position applied for, I.e. typing, word-processing, type of driver's license, etc:

Employment (start with present or last employer):

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed: _____ - _____ Name of supervisor: _____
From To

Describe your work: _____

Employed: _____ - _____ Reason for leaving: _____
Starting Ending

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed: _____ - _____ Name of supervisor: _____
From To

Describe your work: _____

Employed: _____ - _____ Reason for leaving: _____
Starting Ending

Company name: _____ Telephone: _____

Address: _____ Job Title: _____

Employed: _____ - _____ Name of supervisor: _____
From To

Describe your work: _____

Employed: _____ - _____ Reason for leaving: _____
Starting Ending

Education

Level	Name/Location	Graduate?	Course of Study
High School			
College			
Trade School			

Describe any extracurricular activities or volunteer work you feel may be helpful to us in considering your application:

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in discharge. I authorize the investigation of all statements in this employment application as necessary in arriving at an employment decision. I understand that I am to abide by all rules and regulations of Eltueg and the Mi'kmaq Nation. I understand that this application will be considered active for a period not exceeding {6} six months. An applicant wishing consideration for employment beyond that time should reapply."

Signature _____

Date _____

Comments:
