Employment Application

LDF Business Development Corporation

14284 Hwy 70 W PO Box 155 Lac du Flambeau, WI 54538 715.388.0502 (phone) 866.423.6104 (fax)

Privacy Notice:

In compliance with the Piracy Act of 1974, the information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, however failure to supply the information may result in errors in processing your application. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for employment interviews. Only authorized LDF Business Development Corp. employees will have access to the information you provide. Your information will only be shared with others in our organization who are directly involved with the hiring processes. However, we may disclose your personal data to government and/or law enforcement agencies where it is required to comply with any legal obligations, or as permitted by law.

LDF Business Development Corp.

We are an equal opportunity employer with the exeption of Indian Preference 43 U.S.C. 2000 (e) (i)

Position Desired

□ Call Cent	ter							
□ Construc	tion Company							
□ Other:								
			Ap	plicant Inform	ation			
			٦.٢					
Full Name:	Last		-		Da	ate:		
	Last		Fir	St	M.I.			
Mailing Address:	_							
	Street Address					Apartment/Ur	it#	
Dhysiaal	City				State	ZIP Code		
Physical Address:								
	Street Address					Apartment/Ur	it#	
	City				State	ZIP Code		
Dhara	·			Dhana				
Phone (Cell):				Phone (Home):				
Email Address:								
Address.								
Male/Femal	le: S	Social S	Securi	ty No.:	Desired Sal	lary: \$		
Are you a constants?	itizen of the United	YES	NO	If no, are you aut	horized to work in the U.S.?	YE:	/ E	NO
Are you an	enrolled Tribal Member?	YES	NO	If yes, what Tribe?	Enroll	ment #:		
Are you a descendant?		YES	NO	If yes, what Tribe?	Ancest	or:		
Do you have	e a Valid Driver's license?	YES	NO	If yes, driver's lid	cense number:			
Do you have	e a vehicle?	YES	NO		Liability Insurance?	YES NO		

Have you ever been convicted of a misdemeanor?							
If yes, explain:							
		VES NO					
YES NO Have you ever been convicted of a felony?							
If yes, explain:							
		Educa					
High School:		City, State					
From:	To:	Did you graduate?	YES	NO 	Diploma:		
College:		City, State	e:				
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		City, State	e:				
From:	To:	Did you graduate?	YES	NO	Degree:		
	_	Ski	lls		-	-	
Languages spoke	n or written:						
Professional Licer	nses:						
Professional Associations:							
Special skills and/or qualifications:							
Computer skills:							

	Previous Employment	
Company:		
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibil	lities:	
From:	To: Reason for Leaving:	
May we con	YES NO ntact your previous supervisor for a reference?	
Company:		Phone:
Address:		
Job Title:	Starting Salary:\$	Ending Salary:
Responsibil	lities:	
From:	To: Reason for Leaving:	
May we con	YES NO ntact your previous supervisor for a reference?	
Company:		Phone:
Address:		Phone: Supervisor:
Job Title:	Starting Salary:\$	Ending Salary:
Responsibil	ities:	
From:	To: Reason for Leaving:	
May we con	YES NO ntact your previous supervisor for a reference?	
Company:		Phone:
Address:		•
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibil	lities:	
From:	To: Reason for Leaving:	
May we con	YES NO ntact your previous supervisor for a reference?	

Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:			
Responsibilities:							
From:	To:						
May we cor	ntact your previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:			
Responsibilities:							
From:	To:	Reason f	or Leaving:_				
May we cor	ntact your previous supervisor for a reference?	YES	NO 🗆				
Company:				Phone:			
Address:				Supervisor:			
Job Title:				Ending Salary:			
Responsibil	lities:						
From:	To:	Reason f	or Leaving:_				
May we cor	ntact your previous supervisor for a reference?	YES	NO				
	Military	Service					
Branch: _			From:_	To:			
Rank at Dis	charge:	Type of	Discharge:				
If other than	n honorable, explain:						

References					
Please list three professional references.					
Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:		Relationship:			
Company:		Phone:			
Address:		_			
Full Name:		Relationship:			
Company:		Phone:_			
Address:					
	Disclaimer and Signature				
I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for LDF Business Development Corp. to hire me. If I am hired, I understand that either LDF Business Development Corp. or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice. I understand that no representative of LDF Business Development Corp. has the authority to make any assurance to the contrary.					
I attest with my signature below that I have given LDF Business Development Corp. true and complete information on this application. No requested information has been concealed. I authorize LDF Business Development Corp. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.					
Signature:		Date:			

LDF Business Development Corp.

14284 Hwy 70W PO Box 155
Lac du Flambeau, WI 54538 715.388.0502 (phone) 866.423.6104 (fax)

Authorization for Release of Information for Employment Purposes

I hereby authorize LDF Business Development Corp. and its comprehensive review of my background through an investi reassignment or retention as an employee. I understand that limited to, the following areas: verification of Social Security history, including all personnel files; education; references; agency in any or all federal, state, county or tribal jurisdiction citations and registration; and any other public records.	gative report to be generated to the scope of the investigative Number; current and previous criminal history, including reco	for employment, promotion, e report may include, but is not a residences; employment rds from any criminal justice				
I,						
I hereby release LDF Business Development Corp. and its a including officers, employees or related personnel, both indidamages of whatever kind, which may at any time result to with this authorization and request to release. This releases upon termination of employment, whichever is sooner. All in maintained in a confidential manner in order to protect the a	vidually and collectively, from me, my heirs, family or associa shall remain in effect for one (1 formation received from this a	any and all liability for ates because of compliance I) year from the date signed or uthorization shall be				
Please Pr	int Clearly					
Full Name	Maiden Name					
Social Security Number	-					
Current Mailing Address	- Current Street Address					
Driver's License #:	State Issued:					
Name on Driver's License	State Issued: Telephone Number					
Prior residences, past five (5) years	<u></u>					
i.	From:	То:				
ii.	From:	То:				
iii.	From:	То:				
iv.	From:	То:				
I believe to the best of my knowledge that all information I h understand the terms of this release.	ave provided is accurate, true	and correct and that I fully				