



# BUG-O-NAY-GE-SHIG SCHOOL EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

**ALL SECTIONS MUST BE COMPLETED PLEASE USE BLUE/BLACK INK, IN ADDITION TO ANY RESUME SUBMITTED**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST MI

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Length at Present Address: \_\_\_\_\_  
STREET CITY STATE ZIP YEARS/MONTHS

Previous Address: \_\_\_\_\_ Length at Previous Address: \_\_\_\_\_  
STREET CITY STATE ZIP YEARS/MONTHS

Are you legally eligible to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

Are you able, either with or without reasonable accommodations, to perform the essential functions of the job for which you are applying?  Yes  No

Are you available to work:  Full-time  Part-time  Temporary  On-Call  Full-Year  School Year

Date available to work: \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you ever been employed by the Bug-O-Nay-Ge-Shig School?  Yes  No

Dates employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

List any other names under which you have been employed: \_\_\_\_\_

Do you have any pending disciplinary actions that could hinder your employment with us?  Yes  No

If Yes, Explain: \_\_\_\_\_

## INDIAN CHILDREN PROTECTION REQUIREMENT

Have you ever been arrested for or charged with a crime involving a child?  Yes  No

*[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  Yes  No

*[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

**EMPLOYMENT RECORD: *List in order with the most current first***

**Include all employment for the previous 5 years (attach additional paper, if necessary).**

1) Job Title Click here to enter text.		Brief Description of Work Click here to enter text.		
From (MM/YY) Click here to enter a date.	To (MM/YY) Click here to enter a date.	Salary \$ Click here to enter text.	Per Click here to enter text.	Hours Per Week Click here to enter text.
Employer's Name Click here to enter text.	Employer's Address Click here to enter text.		Supervisor's Name Click here to enter text.	Phone Number Click here to enter text.
Reason For Leaving Click here to enter text.			May we contact for reference? Choose an item.	

2) Job Title Click here to enter text.		Brief Description of Work Click here to enter text.		
From (MM/YY) Click here to enter a date.	To (MM/YY) Click here to enter a date.	Salary \$ Click here to enter text.	Per Click here to enter text.	Hours Per Week Click here to enter text.
Employer's Name Click here to enter text.	Employer's Address Click here to enter text.		Supervisor's Name Click here to enter text.	Phone Number Click here to enter text.
Reason For Leaving Click here to enter text.			May we contact for reference? Choose an item.	

3) Job Title Click here to enter text.		Brief Description of Work Click here to enter text.		
From (MM/YY) Click here to enter a date.	To (MM/YY) Click here to enter a date.	Salary \$ Click here to enter text.	Per Click here to enter text.	Hours Per Week Click here to enter text.
Employer's Name Click here to enter text.	Employer's Address Click here to enter text.		Supervisor's Name Click here to enter text.	Phone Number Click here to enter text.
Reason For Leaving Click here to enter text.			May we contact for reference? Choose an item.	

**PERSONAL REFERENCES – *Please Provide (3)***

1) Personal Reference Name: Click here to enter text.	Address: Click here to enter text.	Phone Number: Click here to enter text.
2) Personal Reference Name: Click here to enter text.	Address: Click here to enter text.	Phone Number: Click here to enter text.
3) Personal Reference Name: Click here to enter text.	Address: Click here to enter text.	Phone Number: Click here to enter text.

**THIS SECTION FOR CERTIFIED APPLICANTS – *All other applicants, skip to the next page***

Minnesota Teacher License # (File Folder): \_\_\_\_\_ Expires: \_\_\_\_\_  
 Minnesota Teacher Licensure in: \_\_\_\_\_  
 My Minnesota Teacher License is pending for the following reason: \_\_\_\_\_  
 Other name(s) under which records may be listed: \_\_\_\_\_  
 Are you an out-of-state graduate or licensed to teach in another state?  No  Yes: \_\_\_\_\_ (State) \_\_\_\_\_  
 (For MN State Certification application information and packet, call MN-CFL at 651-582-8691)  
 Have you passed the MTLE?  Yes  No, Explain: \_\_\_\_\_

## EDUCATION

Mark highest level completed:  HS/GED  Associate  Bachelor  Master  Doctorate

Last high school or GED attending, city, state, ZIP (if known), and year diploma or GED received:

[Click here to enter text.](#)

[Click here to enter text.](#)

**List College or Universities attended (Must attach a copy of transcripts for full consideration):**

1) Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
	Semester	Quarter			
<a href="#">Click here to enter text.</a>					
City	State	Zip			
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>			
2) Name					
<a href="#">Click here to enter text.</a>					
City	State	Zip			
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>			
3) Name					
<a href="#">Click here to enter text.</a>					
City	State	Zip			
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>			

## OTHER EXPERIENCE

List **Job-related** training courses, skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.), certificates and licenses (current only); and any honors, awards and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking and performance awards) that are relevant to the position for which you are applying. Be sure to include dates.

## EQUAL OPPORTUNITY WITH INDIAN PREFERENCE

The Bug-O-Nay-Ge-Shig School believes that all persons are entitled to equal employment opportunity and does not discriminate against its employees or applicants for employment on the basis of race, color, creed, religion, national origin, age, sex, political affiliation, or physical or mental impairment provided they are qualified and meet the physical and job requirements established.

Both equal opportunity and Indian Preference apply to employment opportunities. Neither policy shall be construed to deny employment or employment benefits to currently employed personnel of the Bug-O-Nay-Ge-Shig School.

In its efforts to achieve Self-Governance, the Bug O-Nay-Ge-Shig School Will grant Indian Preference for Employment to its employees and qualified applicants, where appropriate. Preference for employment will be granted to qualified individuals in the following order:

1. An enrolled member of the Leech Lake tribe
2. An enrolled member of the Minnesota Chippewa tribe
3. Other American Indian
4. Non-American Indian

The Bug O-Nay-Ge-Shig School (through the Leech Lake Band of Ojibwe) reserves the right to appoint the most qualified candidate regardless of race, color, creed, religion, national origin, age, sex or political affiliation while still recognizing American Indian Status.

**The following information is needed to determine how effective our recruiting efforts are in the area of equal opportunity and Indian Preference as required by the Leech Lake Band of Ojibwe Tribal Government. Providing this information is voluntary.**

Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Background:	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other		
	<input type="checkbox"/> American Indian: <i>List enrolled membership</i>		
	<input type="checkbox"/> Leech Lake (List District) _____		
	<input type="checkbox"/> MN Chippewa Tribe (List Affiliation) _____		
	<input type="checkbox"/> Other American Indian (List Affiliation) _____		
Referral Source:	<input type="checkbox"/> Walk-In <input type="checkbox"/> Job Posting <input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Unsolicited		
	<input type="checkbox"/> Employee Referral (List Employee Name) _____		
	<input type="checkbox"/> Advertisement (Specify Source) _____		
	<input type="checkbox"/> Web (Specify Source) _____		
	<input type="checkbox"/> Other _____		
Do you have a physical a mental handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:	_____		

## AGREEMENT

**Please read thoroughly and sign below:**

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause of cancellations of this application and/or separation from the employer service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Bug-O-Nay-Ge-Shig School reserves the right to terminate my employment at any time, with or without cause and without prior notice.

I authorize the Bug-O-Nay-Ge-Shig School to conduct a pre-employment background investigation and reference checks for purposes of my employment from individuals, schools, employers, criminal justice agencies, professional associations, and other sources. This authorization is effective for five years from the date of my signature or upon termination of my employment with the Bug-O-Nay-Ge-Shig School. Such information will remain confidential. Records provided by criminal justice agencies will not be released without the prior written consent of the originating criminal justice agency. I hereby release all liability from the Bug-O-Nay-Ge-Shig School and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Bug-O-Nay-Ge-Shig School is committed to providing a safe, healthy and productive work environment and supports a smoke-free, alcohol-free, and drug-free work environment. I understand that all positions within the Bug-O-Nay-Ge-Shig School are considered safety sensitive and that I will be required to successfully complete a pre-employment drug test in order to be considered for employment.

The Bug-O-Nay-Ge-Shig School is an Equal Opportunity Employer with Indian Preference. The Bug-O-Nay-Ge-Shig School does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, tribal or federal law.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## COMPLETED APPLICATIONS

**Completed applications can be sent to:**

ATTN: Human Resources Department, Bug-O-Nay-Ge-Shig School, 15353 Silver Eagle Drive, Bena, MN 56626  
**Phone:** (218) 665-3000 or 1-800-265-5576 • **Fax:** (218) 665-3024 • **Email:** [newwhite@bugschool.k12.mn.us](mailto:newwhite@bugschool.k12.mn.us)