

Niiwin Akeaa Campus
 111 Beartown Road
 Baraga, MI 49908
 Phone: (906) 353-4630
 Fax: (906) 353-8107



Wabanung Campus
 770 N. Main St.
 L'Anse, MI 49946
 Phone: (906) 524-8304
 Fax: (906) 524-8106

www.kbocc.edu

"Catch Your Dream Through a Superior Education"
 Student Employment Application

_____ Date _____ Student ID# _____

Position(s) Applied For _____

Name _____
Last First Initial

Address _____
Street Number Street Name City State Zip Code

Phone _____ **Alternate Phone** _____ **Email** _____

Major _____ **Current Enrollment** Full-time Part-time

Class Standing Freshman Sophomore **Anticipated Graduation Date** _____

Semester Desired: Fall Spring Summer **Academic Year:** _____

Please attach current semester schedule

Check all that apply	Yes	No	N/A
Have you been employed by KBOCC or KBIC before?			
Are you willing to attend training?			
Can you travel as the job may require?			
Do you possess a valid driver's license?			
Do you have reliable transportation?			
Are you 18 years or older? If not, attach work permit			
Have you served in the military? If so, attach copy of DD214			
Are you a member of a federally recognized Indian Tribe? If so, attach copy of tribal ID			

List any skills, relevant course work, or specific interest in position you would like to mention: _____

List any conditions that may limit your performance in the position you are applying: _____

References/Advisors (No relatives)		
Name	Relationship	Phone

Please read the following carefully before signing. If you have any questions regarding the statements, please ask us for assistance.

- This application has been completed to the best of my knowledge. I understand that any false information contained within may result in my discharge.
- I authorize you to communicate with school officials and references. I hereby release all schools and individuals from any liability for any damage resulting from giving such information.
- If employed, I understand and agree that employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.
- I grant to KBOCC permission to take and use photographs, video, and/or audio of my participation in college activities and employment, and hereby release any liability arising from their use without limitation.

Signature _____ **Date** _____

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Ojibwa Community College is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT.

<i>Office Use Only:</i>						<input type="checkbox"/> Stipend	<input type="checkbox"/> Payroll		
<i>Student is unable to work</i>									
Fall Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Spring Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Summer Semester									
	8 -9a	9-10a	10-11a	11-12a	12-1p	1-2p	2-3p	3-4p	4-5p
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Note: Depending on the position, additional paperwork may be necessary

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Application for Advanced Secondary Enrollment

SECURITY BACKGROUND CHECK CONSENT FORM

As an employee or prospective employee of **Keweenaw Bay Ojibwa Community College**, I understand it is your policy to secure criminal history information as part of your pre-employment/employment screening process using the information provided below.

Name: _____
(please print) LAST FIRST MIDDLE

Maiden Name or names previously used: _____

Birthdate: _____ Race: _____

Sex: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

I understand that the above information is required by the Central Records Division of the Freedom of Information Act in Lansing. I authorize the Keweenaw Bay Ojibwa Community College to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature

Date

Parent/Guardian Signature (if needed)

Date

Further, I understand that some positions may require both a criminal and civil background checks, especially those positions that include working with children, families, and the elderly. I hereby authorize the **Keweenaw Bay Ojibwa Community College** to obtain information regarding any involvement I have/had with child or adult.

Protective Services cases or charges. I authorize this information to be released from: Keweenaw Bay Tribal Court; Keweenaw Bay Tribal Police Department; Keweenaw Bay Indian Community Department of Social Services; the State of Michigan Family Independence Agency; State of Michigan State Police and/or

OTHER _____

(must be completed or specifically noted as N/A)

Signature

Date

(for office use only)