

**LAC VIEUX DESERT BAND OF LAKE SUPERIOR CHIPPEWA INDIANS**

**EDUCATION DEPARTMENT**

*P.O. Box 39, E23968 PowWow Trail Watersmeet, MI 49969*

*Phone: 906-358-4041 Fax: 906-358-4522*



**LAC VIEUX DESERT YOUTH WORK LEARN PROGRAM SUMMER 2026**

Date: \_\_\_\_\_

<b>APPLICANT INFORMATION</b>		
Name (First, Middle Initial, Last):		
Address:		
Telephone:		
D.O.B:		
Email:		
What type of work are you interested in:		
How many years have you been with the LVD Work Learn Program?		
<b>EMERGENCY CONTACT INFORMATION</b>		
Primary Contact:	Secondary Contact:	
Relationship:	Relationship:	
Address:	Address:	
Telephone:	Telephone:	
<b>EDUCATION INFORMATION</b>		
Current School Name:		
Current School Address/Phone Number:		
Grade you completed this year:		
<b>EMPLOYMENT HISTORY (MOST RECENT FIRST)</b>		
Employer:	Job Title:	
Address:	Duties:	
Phone:	Reason for Leaving:	
Employed from:	To:	Wage/Salary:

<b>EMPLOYMENT HISTORY (CONTINUED)</b>		
Employer:		Job Title:
Address:		Duties:
Phone:		Reason for Leaving:
Employed from:	To:	Wage/Salary:
<b>REFERENCES (NON-RELATIVES)</b>		
Name:	Occupation:	Telephone or Email:
1.		
2.		
3.		
<b>BACKGROUND</b>		
Are you Native American? <input type="radio"/> Yes <input type="radio"/> No    If yes, indicate Tribe:		
<b>SKILLS</b>		
<b>APPLICANT COMMENTS</b>		

### **Applicant Certification and Agreement**

The information provided on this application is accurate to the best of my knowledge and subject to verification by the Tribe.

- I understand that, if employed, any misrepresentation or omission that I make in this application or in any other record, resume, c.v., or other document submitted in connection with my application for employment may result in termination of my employment, regardless of the date of discovery of such misrepresentation or omission by the Tribe.
- I understand that if I am extended an offer of employment by the Tribe, employment is conditioned on the Tribe's review of satisfaction with my references and other background information obtained by it.
- I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during my employment will result in disqualification from consideration for employment or, if hired, termination.
- I understand that my employment will be at-will and that, if hired, I will not be employed for any definite period of time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parental Consent to Drug Screening**

I understand and acknowledge that in connection with this Application, my minor child, \_\_\_\_\_, may be offered employment by the Lac Vieux Desert Band of Lake Superior Chippewa Indians Education Department ("Department"). I fully understand that as an employee of the Department, my child will be subject to the Department's Substance Abuse and Drug-Free Workplace Policy. I have been provided a copy of this policy, and I hereby acknowledge that I have thoroughly read and understand its terms and provisions.

My signature heron serves as parental consent:

- a) For my child to undergo and required pre-employment drug/alcohol testing and to submit a urine sample for that purpose;
- b) For my child to be drug/alcohol test in accordance with the terms of the Tribe's policy and as permitted by applicable law;
- c) For the Department to submit my child's drug test sample for testing for drugs/alcohol prohibited by the Tribe's policies;
- d) For the Department to obtain the results of my child's drug/alcohol test from a certified laboratory for use in accordance with the Tribe's policy, if applicable.
- e) For the Department to release results to third parties as needed in compliance with agency contracts.

I further release the Tribe, Department and testing personnel and any other individuals affiliated with the screening, from any claims, losses damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing. I further acknowledge and agree that my signature below allows for the release of information by the Department to certain third parties in the event that certain funding sources require such information in order to receive funding or for other reasons as may be required by applicable law.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_