

# 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 exception of Indian Preference 43 U.S.C. 2000 (e) (i)

## Position Desired

- |   |                 |                |
|---|-----------------|----------------|
| <input type="checkbox"/> Call Center        | Full Time _____ | Part Time_____ |
| <input type="checkbox"/> LDF Construction   |                 |                |
| <input type="checkbox"/> LDF Country Market |                 |                |
| <input type="checkbox"/> Other: _____       |                 |                |

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last                      First                      M.I.

Maiden Name/ Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address    Apartment/Unit #

Physical Address: \_\_\_\_\_  
City    State                      ZIP Code

Physical Address: \_\_\_\_\_  
Street Address    Apartment/Unit #

Physical Address: \_\_\_\_\_  
City    State                      ZIP Code

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? If yes, what	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you an enrolled Tribal Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tribe? _____ Enrollment #: _____
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Are you a descendant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what Tribe? _____ Ancestor: _____
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Do you have a Valid Driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, driver's license number: _____
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Do you possess a C.D.L.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, C.D.L. number: _____
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Do you have a vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Liability Insurance?    YES <input type="checkbox"/> NO <input type="checkbox"/>
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For Call Center Applicants Only. Have you ever been convicted, involved or investigated for a financial crime?

YES  NO

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor? YES  NO

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

\*For Education Section, type N/A if not applicable

**Education**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Skills**

Languages spoken or written: \_\_\_\_\_

Professional Licenses: \_\_\_\_\_

Professional Associations: \_\_\_\_\_

Special skills and/or qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Emergency Contact

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### 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.

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## Authorization for Release of Information for Employment Purposes

I hereby authorize LDF Business Development Corp. and its designated agents and representatives to conduct a comprehensive review of my background through an investigative report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the investigative report may include, but is not limited to, the following areas: verification of Social Security Number; current and previous residences; employment history, including all personnel files; education; references; criminal history, including records from any criminal justice agency in any or all federal, state, county or tribal jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decision. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish LDF Business Development Corp or its designated agents with any and all information in their possession regarding me in connection with an application for employment. I am authorizing that a photocopy of this authorization be acceptable with the same authority as the original.

I hereby release LDF Business Development Corp. and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. This release shall remain in effect for one (1) year from the date signed or upon termination of employment, whichever is sooner. All information received from this authorization shall be maintained in a confidential manner in order to protect the applicants' personal information.

### Please Print Clearly

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Current Street Address \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name on Driver's License \_\_\_\_\_ Telephone Number \_\_\_\_\_

Prior residences, past five (5) years

i. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

ii. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

iii. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

iv. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Signature \_\_\_\_\_ Date \_\_\_\_\_