

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

- Call Center Full Time _____ Part Time _____
- LDF Construction
- LDF Country Market
- Other: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Maiden Name/ Other Names Used: _____

Mailing
Address:

Street Address Apartment/Unit #

City State ZIP Code

Physical
Address:

Street Address Apartment/Unit #

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 NO If no, are you authorized to work in the U.S.? YES NO

Are you an enrolled Tribal Member? YES NO If yes, what Tribe? _____ Enrollment #: _____

Are you a descendant? YES NO If yes, what Tribe? _____ Ancestor: _____

Do you have a Valid Driver's license? YES NO If yes, driver's license number: _____

Do you possess a C.D.L.? YES NO If yes, C.D.L. number: _____

Do you have a vehicle? YES NO Liability Insurance? YES NO

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:

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

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

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.

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 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 _____