

APPLICATION FOR EMPLOYMENT

Southern Indian Health Council, Inc.
4058 Willows Road
P.O. Box 2128
Alpine, CA 91903-2128

Except for Indian Preference (Law), we consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About SIHC?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with SIHC before?

Yes No

If Yes, give date: _____

Have you ever been employed with SIHC before?

If Yes, give date: _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required from employment)

Yes No

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Per-Diem Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment)

Yes No

If yes, please explain _____

**Subject to our right under federal law to extend preference in hiring to Indians,
we are an Equal Rights Opportunity Employer.**

EMPLOYMENT HISTORY

Southern Indian Health Council, Inc.
 4058 Willows Road
 P.O. Box 2128
 Alpine, CA 91903-2128

Applicant Instructions: Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status. **Please attach additional pages if needed.**

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Special Skills and Qualifications: _____

EDUCATION

Southern Indian Health Council, Inc.
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	Elementary School					High School				Undergraduate College/University				Graduate/Professional				
School Name and Locations																		
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	5
Diploma/Degree/Certification																		
Describe Course of Study																		
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																		
Describe any honors you have received.																		
State any additional information you feel may be helpful to us in considering your application																		

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYER REFERENCE REVIEW

Southern Indian Health Council, Inc.
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Applicant Instructions: As a part of the application process, you are to provide Southern Indian Health Council, Inc. (SIHC) with three references of former employers. You are to fully complete Sections I, II, and V. Incomplete or illegible information may result in denial of your application. The Reference Review will be sent by SIHC to your former employer and filed in Human Resources. COMPLETE ONE FORM PER EMPLOYER AND ATTACH TO APPLICATION.

FORMER EMPLOYER PLEASE RETURN TO SIHC WITHIN 5 WORKING DAYS OF THE DATE STAMPED. THANK YOU FOR YOUR ASSISTANCE.

SECTION I: Applicant to Complete (Please Print)

COMPANY: _____ ATTN: _____
Address: _____

The below named person has made an application with us for employment and has given you as a former employer. Please verify information in section I and complete Section II and III concerning the work history of this application. Your reply will be held in strict confidence.

SIHC Human Resources

Date

SECTION II: Applicant to Complete: Former Employer to Verify and Correct Inaccurate Information

A. Name: _____ S.S.# _____
B. Job Title: _____
C. Dates of Employment: From _____ To: _____

SECTION III: Former Employer to Complete

A. Quality of Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
B. Quantity of Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
C. Interpersonal Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
D. Reliability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
E. Attendance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
F. Additional Comments:	_____				

SECTION IV: Former Employer to Complete

A. Reason for leaving: _____
B. Eligible for rehire? _____ YES _____ NO _____ Conditional
C. Would you recommend this person to work with children? _____ YES _____ NO

Complete by: _____ Title: _____ Date: _____

SECTION V: AFFIDAVIT Applicant to Complete

This is to certify that I authorize the above named individual and organization to provide employment information as requested by Southern Indian Health Council, Inc. I hereby fully release said individual or organization, as well as Southern Indian Health Council, Inc. from all liability in issuing or using this information.

Signature: _____ Date: _____

BACKGROUND REVIEW

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Instructions: As a part of the application process, you are to provide Southern Indian Health Council, Inc. (SIHC) with the last five counties of residence. You are to fully complete this section. This section will be used to conduct local, state, and federal criminal background checks. Incomplete or illegible information may result in denial of your application.

Last Name		First Name		Middle Name	
Birth Date		Driver's License Number		Type	State
Maiden Name or Other Names Used Within the Past Five (5) Years (List Name and Year Each Time Name Changed)					

HOME ADDRESS FOR FIVE (5) PAST RESIDENCES

_____	_____	_____	_____	_____	From: _____	To: _____
Address	City	State	Zip Code	County	Month/Year	Month/Year
_____	_____	_____	_____	_____	From: _____	To: _____
Address	City	State	Zip Code	County	Month/Year	Month/Year
_____	_____	_____	_____	_____	From: _____	To: _____
Address	City	State	Zip Code	County	Month/Year	Month/Year
_____	_____	_____	_____	_____	From: _____	To: _____
Address	City	State	Zip Code	County	Month/Year	Month/Year
_____	_____	_____	_____	_____	From: _____	To: _____
Address	City	State	Zip Code	County	Month/Year	Month/Year

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by rules and regulations of SIHC. I agree to a pre-employment examination upon hiring. I certify that my response to these questions are made under Federal penalty of perjury, which may be punishable by fines of up to \$10,000 or five (5) years imprisonment, or both, and that I received notice that a local, state, and federal criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

Applicant Signature

Date

EMPLOYMENT DATA RECORD

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Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, SIHC complies with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not part of your application for employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____

	Current Job
	Check One: Male Female
	Check One of The Following: (Ethnic Origin) <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____
	Check If Any of the Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disable Veteran <input type="checkbox"/> Handicapped Individual
	Birth Date

(END OF APPLICATION)