



UNITED INDIAN HEALTH SERVICES, INC.

1600 Weeot Way, Arcata, CA 95521 (707) 825-5000 Fax (707) 825-6747

APPLICATION FOR EMPLOYMENT

PERSONNEL INFORMATION

Date: _____

Name: (Print or Type) _____ Telephone: (____) _____

Names used in the past: _____ SSN: _____

Address: _____

Street City State Zip

Number of years at present address: _____

Residence Address During the Past Ten Years:

Street City State Zip

Street City State Zip

Street City State Zip

Are you over 18? Yes No

Must be 21 or older in order to be covered by agency vehicle insurance. Cannot drive for any agency purpose if not covered by agency insurance. Are you 21 or older? Yes No

If hired, do you have a reliable means of transportation to get to work? Yes No

Have you ever been convicted of a felony? (Do not include marijuana related convictions, which occurred more than two years prior to the date of application.) Yes No If yes, please explain:

(A conviction will not necessarily disqualify you from employment.)

EMPLOYMENT DESIRED

Position: _____ Date Available: _____

Salary Desired: _____ Have you ever applied to UIHS? Yes No – Date: _____

Have you ever worked for UIHS? Yes No – Date(s): _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

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

How were you referred to UIHS?

Newspaper Ad Internet Employee Referral In-House Posting

Other (please specify) _____

EDUCATION AND TRAINING

School Name & Location	Years Attended		Graduate (Yes/No)	What Degree	Major Subject/ Total (if applicable)
	From	To			
High School/GED					
Technical School					
College/University 1-					
College/University 2-					
College/University 3-					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					
<input type="checkbox"/> Typing _____ WPM	Overall Computer Knowledge <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		<input type="checkbox"/> Other Computer programs requiring special skills:		
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state branch and unit and describe any special training or skills:					
Describe any specialized training, apprenticeship, skill or extracurricular activities that are relevant to the job for which you are applying					
Describe any honors, scholarships, appointments or awards that 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:					

List Professional, trade, business or civil activities and offices held

You may exclude information that would reveal sex, race, national origin, age, or disability or other protected status or personal information

List any professional or vocational certificates, licenses, or registration that you currently hold or have held in the past

List any job-related professional or technical organization to which you belong

Driver's License Information (Must be Complete)

State: _____ Number: _____ Expiration Date: _____

Class: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying)

GENERAL INFORMATION

Are you able to perform the duties of the position for which you are applying, including regular attendance, without a reasonable accommodation? (If you need an explanation for the meaning of “reasonable accommodation”, please contact the Human Resources Department).

Yes No

Can you travel if the job requires it? Yes No

Travel can be for overnight and extended periods (up to three (3) weeks).

Did you receive written performance evaluations from any of your prior employers?

Yes No

If so, please list the employers that did such evaluations, describe the frequency of such evaluations, and check the appropriate box indicating whether you signed such evaluations.

Employer	Frequency of evaluations (e.g., annual, bi-annual, etc.)	Signed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been discharged from an employer? Yes No Explain Reason

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.)

What do you expect to be doing in five years?	What would your last manager/supervisor say about your job performance?
What has been your favorite/most interesting job?	What made it enjoyable/interesting?
What job did you dislike the most?	Why did you dislike it?

EMPLOYMENT DATA - (MUST BE COMPLETED) or application will not be considered.

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		H/R Use Only
Address (Include Street, City, State, Zip Code)					Applicable Exp. <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		Total Length of service: _____
Supervisor (Name/Title)					
Description of Job Duties					
Reason for Leaving			<input type="checkbox"/> F/T <input type="checkbox"/> P/T-hrs/wk _____		
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					Total Length of service: _____
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		Total Length of service: _____
Supervisor (Name/Title)					
Description of Job Duties					
Reason for Leaving			<input type="checkbox"/> F/T <input type="checkbox"/> P/T-hrs/wk _____		
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Reason for Leaving			<input type="checkbox"/> F/T <input type="checkbox"/> P/T-hrs/wk _____		
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					Total Length of service: _____
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		Total Length of service: _____
Supervisor (Name/Title)					
Description of Job Duties					
Reason for Leaving			<input type="checkbox"/> F/T <input type="checkbox"/> P/T-hrs/wk _____		

Reference Data

(List Three Professional References that UIHS may contact-Must be Completed.)

Name	Business/Relation	Contact Telephone Number

1. I understand that any offer of employment will be conditioned on my passing a medical examination, including drug and alcohol testing, and that a positive drug and/or alcohol test will result in rejection of my employment application and withdrawal of the conditional offer of employment.
2. I understand that any offer of employment will be conditioned upon my passing a Criminal History Background Check and Character Investigation. I may be hired prior to these checks being returned but I understand that I will not be allowed to have unsupervised contact with children until these checks are completed.
3. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
4. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when, how, or in what context discovered to be false or omitted, may result in my immediate dismissal.
5. I understand that I will be required to possess a current valid driver's license, and provide valid vehicle insurance if my job requires me to drive in the course of my work. If I am under 21 years of age, I will not be allowed to drive for any reason.
6. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period. I understand and agree that United Indian Health Services, Inc. may terminate my employment at any time, with or without cause, and with or without notice, at my option or the option of United Indian Health Services, Inc.
7. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through six (6) above. I understand that the foregoing conditions may only be altered or amended by a written agreement signed by the Executive Director of United Indian Health Services, Inc.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Signature: _____

Date: _____

If claiming American Indian Preference - Proof of membership MUST BE ATTACHED, if verification is not attached you will not fall under Indian Preference. HR will not contact patient registration for verification.

Tribal Affiliation: _____

Tribal and/or BIA Enrollment No. _____ Agency _____

PREFERENCE will be given to American Indian as set forth under PL 93-638. If claiming California descendant, please attach birth certificate. Attach photocopy of tribal identification card or Letter of Membership on Tribal stationary Current agency records may not be used by UIHS to verify enrollment.



UNITED INDIAN HEALTH SERVICES, INC.

Release of Information Form

Date: _____

TO: Human Resources/Personnel Office

FROM: United Indian Health Services, Inc.
Human Resources Office

SUBJECT: Release of Personnel Information/Background Information

I hereby give my permission to my previous employers to provide United Indian Health Services, Inc. Human Resources Office with the requested information needed to complete the hiring process.

Name: _____ Social Security # _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: () _____

Signature: _____

Date: _____