



UNITED INDIAN HEALTH SERVICES, INC.
 1600 Weeot Way, Arcata, CA 95521
 PHONE (707) 825-5000; FAX (707) 825-6747

APPLICATION FOR EMPLOYMENT/PERSONAL INFORMATION

Name: _____
 Last First Middle

Other Names Used: _____

Address: _____
 Street/P.O. Box City State Zip Code

Phone Number: _____ E-Mail Address: _____

List name(s) and department(s) of relative(s) currently employed at the United Indian Health Service, Inc.

Name	Relationship	Department

Position: _____ Where did you hear about this position? _____

Licenses/Certificates: List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.

Training	Title	State	Number	Date Expires

To the best of your knowledge, has a liability claim ever been filed against you, a health organization, corporation or government, based on a case under your name? Yes No

Has your professional license to practice in any jurisdiction ever been limited, suspended, denied, revoked, voluntarily surrendered, or not renewed? Yes No

ARE YOU CLAIMING AMERICAN INDIAN PREFERENCE?

Did you provide documentation? Yes No

To the extent of the law and in accordance with Public Law 93-638 (The Indian Self-Determination and Education Assistance Act of 1975, as amended), the United Indian Health Services, Inc. ("UIHS") offers a preference in hiring to applicants of federally recognized American Indian status. ***To be considered for this preference for hiring, you MUST provide one of the following affidavits: (1) Tribal Enrollment Card/Letter with a valid Enrollment Number; OR (2) Form BIA-4432, Verification of Indian Preference for Employment. If either forms of validation are not attached to your application, UIHS is not obligated to offer a preference in hiring.***

Office Use Only - Documentation Verified? Yes No **HR Initials:** _____

Employment History - Do Not Indicate "See Resume"

START DATE	END DATE	FINAL POSITION TITLE	PHONE NUMBER
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	PHONE NUMBER
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIPTION OF DUTIES			

PROFESSIONAL REFERENCES

Name	Relationship	Telephone Number/E-Mail Address

EDUCATION AND TRAINING

School(s) Attended	Name & Location of School	Degree/Certificate Received	Major
High School			
Community College/Trade			
College/University			
Graduate			

Special Training: List below any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.

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ADDITIONAL INFORMATION REQUESTED

Can you provide proof if you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.) Yes No

Can you travel if the job requires it? Yes No (Travel can be overnight and/or for an extended period of time.)

Are you over 18 years of age? Yes No

Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? (We will consider all reasonable accommodations that may be necessary for a qualified applicant to perform the essential functions of the job.) Yes No

Do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.) Yes No

CERTIFICATION

I declare that under penalty of perjury that the facts contained in this application, resume or other submitted documents are true to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

Signature

Date