



UNITED INDIAN HEALTH SERVICES, INC.

1600 Weeot Way, Arcata, CA 95502

TEL: (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:

Are you a U.S. Citizen or otherwise authorized to work in the United States? Yes No

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

Table with 3 columns: Name, Relationship, Department

Position Desired

Position: Where did you hear about this position?

Are you presently employed? If so, may we contact your current employer? 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 licensed and/or certified for the job for which you are applying? Yes No

Type of License/Certification: Issuing State: License/Certification Number: Expires:

Type of License/Certification: Issuing State: License/Certification Number: Expires:

Have liability claims 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

Current valid state-issued driver's license: Classification: Issuing State: Exp. Date:

Are you claiming American Indian Preference? 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.

For Human Resources Use Only

The applicant provided a valid document to claim American Indian Preference: (Circle One) Yes No Evaluator Initials:

**Employment History (Complete this section. Do not indicate "See Resume")
you may attach a Resume' to support your completed application.**

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
DESCRIPTION OF DUTIES			

Professional References – Do Not List Former Employers

Name	Address	Telephone Number/E-Mail Address

Education & Training

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

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, national origin, age, ancestry, or handicap or other protected status.

--

Other Information Requested

Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to, any felonious or misdemeanor offense, under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? Yes No

Have you ever been arrested or charged with a crime involving a child? Yes No

During the past ten (10) years, have you been convicted, imprisoned, on probation, or been on parole? Yes No

During the past five (5) years, have you been fired from any job for any reasons, did you quit after being told that you would be fired, did you leave for any job by mutual agreement because of specific problems, or were debarred from any position? Yes No

CERTIFICATION

I declare that under penalty of perjury that the facts contained in this applications, 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