

TULE RIVER INDIAN HEALTH CENTER, INC. (TRIHCI)

ATTN: HUMAN RESOURCES
PO BOX 768 • PORTERVILLE, CALIFORNIA 93258
PHONE: (559) 784-2316 • FAX: (559) 781-6514

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT IN BLACK INK. Fill out this application form completely. If certain questions are not applicable to you, enter "N/A" as a response, but **do not leave any question blank**. Unless specifically stated in the job vacancy listing(s), resumes and/or CVs will not be accepted in lieu of completed applications. In accordance with Indian Preference statutes defined in USC Title 25, Section 472, preference in filling vacancies at TRIHCI will be given to qualified Indian candidates who successfully verify their eligibility (BIA Form 4432, a Certificate of Indian Blood, or other documentation may be required). Within the scope of Indian Preference laws, TRIHCI does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law in making employment decisions or providing services. **Mail, email, or fax completed application to the Human Resources Department (human.resources@trihci.com)**

Once submitted, this application and all accompanying forms, addendums, and papers will become the property of TRIHCI and will not be returned. Additionally, information from your submission may be subject to disclosure to auditing and licensing agencies according to federal and state law.

Position you are applying for:	Date available for work:	Are you over the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you claiming Indian Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to TRIHCI?	How would you prefer we contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	What sort of work are you looking for? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp. <input type="checkbox"/> Internship <input type="checkbox"/> Other	

PERSONAL INFORMATION

Last Name		First Name	
Permanent Address (Street or Box No.)	City	State	Zip Code
Present Address (if different from above)	City	State	Zip Code
Home Phone Number	Cell/Work Phone Number	Email Address	

Do you currently maintain the legal right to work in the U.S.? Yes No

Have you previously applied for work with TRIHCI?
or are you a current or former employee of TRIHCI or an Indian Health Services (IHS) facility? Yes No

If so, please list the date(s), the facility, and a brief description of your experience in the space provided:

Do you have friends or relatives working for TRIHCI, including TRIHCI Board of Directors? If yes, state name, relationship and position:

Name _____ Relationship _____ Department _____
Name _____ Relationship _____ Department _____

(if more space is needed, please attach an additional sheet)

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?

Yes No

If so, explain in concise detail the dates, the nature of the offense, the name and location of the court, and the current status of the case(s). Use a separate sheet of paper if necessary. *Please note that TRIHCI conducts a criminal background check of all applicants for employment and that any offer of employment is subject to successful completion of the criminal background check. In addition, while a conviction may not necessarily disqualify you from employment, a false statement on the application will:*

EDUCATION, TRAINING, AND EXPERIENCE

(NOTE: Applicants may be required to provide proof of diplomas, degrees, transcripts, licenses, or certifications for our files)

Type of School	School Name and Address	Mark Last Year Completed	Major/Minor	Did you graduate?	Degree or Certificate
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A			
College or University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A			
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A			
Vocational, Technical, or Other Schools		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A			

Please check all that apply and provide expiration dates or applicable information in the spaces provided:

- Driver's License _____ State _____ Class # _____
- Valid Yes No
- Suspended / Revoked Yes No
- Restricted Yes No
- CPR _____
- 1st Aid _____
- 10-Key by Touch _____
- Typing: WPM _____
- Non-Violent Crisis Prevention/CPI training _____

List any related honors, awards, training, or extra-curricular activities you would like us to consider:

If a license, certificate, or other authorization is required or related to the position for which you are applying, please complete the following:

License/Certification	Date Issued	Expiration Date	Issuing Authority (Name, City, State)	License No.

Please list any other formal or informal honors, awards, extra-curricular activities, or job-related training you have had---including workshops, volunteer organizations, Boy Scouts, etc.---that you would like us to consider as part of your qualifications. Additional documentation may be required. Use a separate sheet if necessary:

EMPLOYMENT HISTORY INFORMATION

The information gathered for this section represents your official work history record to TRIHCI and must accurately reflect all significant duties and responsibilities of past employment. Please list **ALL** employment, beginning with your current or most recent position and working back to your first. Accurately describe your responsibilities and experience and **attach additional sheets if necessary**. Each additional sheet must contain all the information required below for each job included. Multiple copies of this sheet will be accepted.

Employer #1				Name of Supervisor:		<input type="checkbox"/> Full-Time					
Position Title				Title of Supervisor:		<input type="checkbox"/> Part-Time					
Mailing Address						<input type="checkbox"/> Summer					
City, State, and Zip Code						<input type="checkbox"/> Temporary/Project					
Employer's Telephone No.				If your position was managerial/supervisory, how many employees did you supervise?							
Starting Date		Leaving Date		<input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Managerial/Supervisory							
Mo.	Yr.	Mo.	Yr.					May we contact this employer for reference?			
								<input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of Duties/Responsibilities:											
What were some of your major strengths in this position?				What were some of your major weaknesses in this position?							
What do/did you enjoy most about this job?				What do/did you enjoy least about this job?							
Specific reason for leaving:											

Employer #2				Name of Supervisor:		<input type="checkbox"/> Full-Time					
Position Title				Title of Supervisor:		<input type="checkbox"/> Part-Time					
Mailing Address						<input type="checkbox"/> Summer					
City, State, and Zip Code						<input type="checkbox"/> Temporary/Project					
Employer's Telephone No.				If your position was managerial/supervisory, how many employees did you supervise?							
Starting Date		Leaving Date		<input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Managerial/Supervisory							
Mo.	Yr.	Mo.	Yr.					May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of Duties/Responsibilities:											
What were some of your major strengths in this position?				What were some of your major weaknesses in this position?							
What do/did you enjoy most about this job?				What do/did you enjoy least about this job?							
Specific reason for leaving:											

Employer #3				Name of Supervisor:		<input type="checkbox"/> Full-Time					
Position Title				Title of Supervisor:		<input type="checkbox"/> Part-Time					
Mailing Address						<input type="checkbox"/> Summer					
City, State, and Zip Code						<input type="checkbox"/> Temporary/Project					
Employer's Telephone No.				If your position was managerial/supervisory, how many employees did you supervise?							
Starting Date		Leaving Date		<input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Managerial/Supervisory							
Mo.	Yr.	Mo.	Yr.					May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of Duties/Responsibilities:											
What were some of your major strengths in this position?				What were some of your major weaknesses in this position?							
What do/did you enjoy most about this job?				What do/did you enjoy least about this job?							
Specific reason for leaving:											

MILITARY HISTORY INFORMATION

(NOTE: A copy of a report of separation from the Armed Services may be required)

Military Service Status	
<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Advanced ROTC <input type="checkbox"/> N/A (No military service)	
Branch of Service	
Dates of Service	Are you currently: <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Did you receive military training for the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain your training experience:	

REFERENCE INFORMATION

1) Please list three references that have knowledge of your dependability, personal integrity, professionalism, and work ethic, as well as your ability to interact with a broad spectrum of cultures, beliefs, and lifestyles;

1) Name	Address	
Occupation	Home Phone	Cell or Business Phone
2) Name	Address	
Occupation	Home Phone	Cell or Business Phone
3) Name	Address	
Occupation	Home Phone	Cell or Business Phone

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE
BY SIGNING IN THE SPACE PROVIDED**

- 1) I certify that all the information provided by me in this application for employment is true and complete to the best of my knowledge. I authorize TRICHI to investigate and verify this information, and subsequently release TRIHCI from any liability in connection with any such investigative or verification processes.
- 2) I understand that any misstatement, falsification, or omission of information provided therein may be grounds for refusal to hire or, if hired, for termination of employment.
- 3) I understand that TRIHCI maintains a drug- and alcohol-free workplace and that all offers of employment are contingent on the successful completion of a criminal background check, a post-offer drug test and physical, and verification of each candidate's right to work in the United States.
- 4) If no opening currently exists for which I am qualified, I understand that TRIHCI will retain this employment application as active for a period of up to six (6) months and may contact me about future opportunities that match my qualifications.

Signature	Date
If claiming Indian Preference, please provide your tribe and your enrollment/identification number:	

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APPLICATION ADDENDUM

THE INFORMATION PROVIDED IN THIS ADDENDUM IS VOLUNTARY. Tule River Indian Health Center, Inc. (TRIHCI) is committed to effective selection and hiring practices. Consequently, we utilize information collected on this addendum to supplement that provided in our official "Application for Employment." However, completion of this addendum is not mandatory and *will not* affect our evaluation of your qualifications for employment.

If you choose not to answer the questions below, simply return our "Application for Employment" without this addendum.

1) How might working at TRIHCI align with your career goals?

2) What are your major strengths, assets, and/or attributes that you like about yourself?

3) What are your weaknesses, shortcomings, and areas for improvement?

4) What can you offer Tule River Indian Health Center, Inc., that perhaps another candidate could not?

Signature:

Date:

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EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORTING SURVEY

In order to comply with reporting requirements under federal law, Tule River Indian Health Center, Inc. (TRIHCI) requests that all applicants for employment complete this survey. The information you are asked to provide will be used solely for the purposes of compliance with federal equal employment opportunity laws. This information will not be considered for candidate selection, placement, hiring, promotion, termination, or any other decision relating to the terms and/or conditions of employment with TRICHCI. In addition, this form will be archived in a location separate from any application or employment information retained by TRIHCI.

Your completion of this survey is *completely voluntary*. You are not obligated to provide in the information requested on this survey if you do not wish to do so, and your refusal to provide this information will not affect your consideration for employment in any way.

If you have any questions or concerns about this form, please do not hesitate to call our Human Resources Generalist for further explanation. Thank you for your cooperation!

First Name, Last Name		Date
Position You Are Applying For		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE/ETHNICITY (PLEASE CHECK ALL THAT APPLY)		
<input type="checkbox"/>	White (not of Hispanic origin)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	Black or African American (not of Hispanic origin)	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and South America (Including Central America) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian or Indian	A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	Hispanic or Latino (white race only)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
<input type="checkbox"/>	Hispanic or Latino (all other races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any other race other than White