



Chapa-De

Indian Health Program, Inc.

Dear Applicant,

Thank you for your interest in Chapa-De Indian Health Program. Enclosed you will find important information about our agency and the job for which you are applying.

Please read the following instructions before completing the application for employment.

- A. Applications must be completed in full. Please indicate the exact position title in the space provided on the front page of the application.
- B. Resumes are to support an application and will not be processed without a completed Chapa-De application.
- C. Applications must be written in ink. Be as accurate and legible as possible.
- D. Applicants must provide all relevant information regarding education and work experience, places and dates of employment, position(s) held, duties and responsibilities.
- E. Submit completed applications by mail, fax, email or hand deliver to:

Chapa-De Indian Health Program, Inc.
11670 Atwood Road
Auburn, CA 95603
Attention: Human Resources

Fax # (530) 889-8169

Email cfocht@chapa-de.org

Application intake hours: Monday – Friday: 8:00 a.m. – 5:00 p.m.



CHAPA-DE INDIAN HEALTH PROGRAM, INC.

EMPLOYMENT APPLICATION

Please Print or Type

Date _____

Name _____

Last First Middle

Other Names Used: _____ SSN: _____ - _____

Telephone: Day () _____ Evening () _____

Current Address _____

Address City State Zip

Mailing Address (if different from current address)

Address City State Zip

Tribal Affiliation (if applicable) _____ *Verified: YES NO

* Attach Verification

Position applying for: _____

What days and hours are you available for work? _____

If hired, on what date can you start work? _____ Salary Desired \$ _____

PERSONAL INFORMATION

Have you ever applied to or worked for CDIHP in the past? If yes, when? _____ YES NO

Do you have any relatives who have ever worked for CDIHP? If yes, state name(s) and relationship _____ YES NO

If hired, would you have a reliable means of transportation to & from work? _____ YES NO

Are you at least 18 years old? _____ YES NO

Are you able to perform the essential functions of the job for which you are applying? _____ YES NO

If no, describe below the functions that can not be performed: _____

Do you speak, write or understand any foreign languages? _____ YES NO

If yes, which language(s)? _____

We comply with all ADA requirements. Hire may be subject to passing a medical examination and/or skill agility tests.

Have you ever been convicted of a crime? YES NO

(Under California law, you may exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case(s) was dismissed.)

If yes, briefly describe the nature of the crime(s), the date and place of convictions and the legal disposition of the case:

CDIHP will not deny employment to any applicant solely because the person has been convicted of a crime. CDIHP, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

EDUCATION				
School	Name and Address	Years Completed	Did you Graduate?	Degree or Diploma
High School				
Colleges/Universities				
Vocational				
Other				

TRAINING

Do you have any other experience, training, qualifications or other skills which are important to the position for which you are applying? If so, please explain:

EXPERIENCE

Are you licensed/certified for the position? YES NO NA

If yes, list the name, number, issuing state and effective date of license/certification: _____

If the position for which you are applying requires a license/certification, has it ever been revoked or suspended? YES NO

If yes, state reason(s), date of revocation or suspension and disposition

EMPLOYMENT HISTORY

List below all employment for the last ten years starting with your most recent employer. Account for all periods of unemployment. This section must be complete, even if attaching a resume. Attach additional pages, if necessary.

Name of Employer: _____

Date Of Employment: From: _____ To: _____

Address: _____

Phone Number: (____) _____ Supervisor's Name _____

Your Position Title and Duties: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

May we contact this employer? YES NO

Name of Employer: _____

Date Of Employment: From: _____ To: _____

Address: _____

Phone Number: (____) _____ Supervisor's Name _____

Your Position Title and Duties: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

May we contact this employer? YES NO

Name of Employer: _____

Date Of Employment: From: _____ To: _____

Address: _____

Phone Number: (____) _____ Supervisor's Name _____

Your Position Title and Duties: _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

May we contact this employer? YES NO

MILITARY SERVICE

Dates From: _____ To: _____ Branch: _____

Discharged? YES NO

REFERENCES

List below three persons not related to you who have knowledge of your work history within the last three years.

Name: _____ Phone Number (____) _____

Address: _____

Occupation: _____ Years Acquainted: _____

Affiliation: _____

Name: _____ Phone Number: (____) _____

Address: _____

Occupation: _____ Years Acquainted: _____

Affiliation: _____

Name: _____ Phone Number: (____) _____

Address: _____

Occupation: _____ Years Acquainted: _____

Affiliation: _____

AN EQUAL OPPORTUNITY EMPLOYER

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my candidacy for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize CDIHP to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CDIHP any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CDIHP, my employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, is intended to create an employment contract between me and CDIHP.

Applicant's Signature _____

Date _____