



Consolidated Tribal Health Project, Inc.

P.O. Box 387, Calpella, CA. 95418

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:

Date of Application:

How Did You Learn About Us? Circle all that apply.

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other: _____

Last Name:

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)

()

If you are under 18 years of age, can you provide required proof of your eligibility to work?

_____ Yes _____ No

Have you ever filed an application with us before?

_____ Yes _____ No

If Yes, give date _____

Have you ever been employed with us before?

_____ Yes _____ No

If Yes, give date _____

Are you currently employed?

_____ Yes _____ No

May we contact your present employer?

_____ Yes _____ No

Are you claiming Indian Preference?

_____ Yes _____ No

Updated: 5-2-08

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you currently on "Lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if the job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
Convictions will not necessarily disqualify an applicant from employment.

Are you currently on probation? _____ Yes _____ No
If yes please explain: _____

References

Give name, address, and telephone number of three references that are not related to you.
At least 1 must be a former supervisor.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? _____ Yes _____ No

If Yes, please describe. _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? _____ Yes _____ No

Special Skills and Qualifications

Summarize special skills job-related skills and qualifications acquired from employment or other experience.

Education

High School	Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Name/Location: _____						

College/University:	Circle highest achieved	1	2	3	4
Diploma/Degree: _____					
Major/Minor: _____					

Graduate Program	Circle highest achieved	1	2	3	4
Diploma/Degree: _____					
Describe course of study: _____					

Post Graduate Program	Circle highest achieved	1	2	3	4
Diploma/Degree: _____					
Describe course of study: _____					

Describe any honors, special awards, or recognition you have received.

Indicate any foreign language(s) you can speak, read and/or write.

FLUENT	GOOD	FAIR
SPEAK		
READ		
WRITE		

List professional, trade, business, or civic activities and offices held. <i>You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.</i>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship, during the introductory status and for identified management or administrative positions with CTHP is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of CTHP.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of CTHP.

Consolidated Tribal Health Project is an At-Will employer for the first 90-days of employment, Consolidated Tribal Health Project has the right extend that 90 day probation for any reason.

Signature of Applicant

Date

FOR PERSONNEL USE ONLY

Arrange Interview _____ Yes _____ No

Remarks: _____

Employed? _____ Yes _____ No Date of Employment: _____

Job Title _____ Hourly Rate/Salary _____ Dept: _____

By: _____

Name and Title	Date
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VOLUNTARY SURVEY

Date: _____

Position for which you are applying: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name.		
Address.		
City	State	Zip

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION**

Consolidated Tribal Health Project, Inc.
P.O. Box 387 Calpella, CA. 95418
707-485-5115 Fax 707-485-5199

Conflict of Interest

In keeping with the board adopted Personnel Handbook, dated October 1994, Section 8.0, **Restriction On Hiring**, the following questions are asked to help Consolidated Tribal Health Project avoid conflicts of interest and to help us conform to applicable labor laws. If you have any questions, please call Personnel at 485-5115, ext. 5613. Thank you.

Employee Candidate Name: _____ Date: _____

Position Applying For: _____

1. Have you been hired as an employee for CTHP in the past? Yes No
If yes, what dates (month & year) _____ to _____

2. Are you currently on the CTHP Board of Directors? Yes No

3. Have you ever served on the CTHP Board of Directors? Yes No
If yes, which dates (month and year) _____ to _____

4. Are you related to any CTHP employee? Yes No
If yes, what is their name(s)? _____
What is their relationship to you? _____

5. Are you related to any CTHP Board member(s)? Yes No
If yes, what is their name(s)? _____
What is their relationship to you? _____

Thank You.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer	Dates Employed	Work Performed
	From To	
Address		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
Job Title	Supervisor	
Reason for Leaving		
2. Employer	Dates Employed	Work Performed
	From To	
Address		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
Job Title	Supervisor	
Reason for Leaving		
3. Employer	Dates Employed	Work Performed
	From To	
Address		
Telephone Number(s)	Hourly Rate/Salary	
	Starting Final	
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

INSTRUCTIONS FOR COMPLETION OF INDIAN PREFERENCE FORM

It is the responsibility of the individual establishing evidence of entitlement to Indian Preference in employment to submit as much background information as possible to verify eligibility for preference. This form has been designed for verification that an individual is entitled to preference in employment. If the application does not meet their tribal enrollment criteria, the form should not be completed. Receipt of this properly verified form, together with the CTHP "Application for Employment" form, entitles an applicant to preference in employment.

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT

To establish eligibility for Indian preference for employment with Consolidated Tribal Health Project, Inc. (CTHP), please complete information below and submit with your CTHP application for employment.

MEMBERS OF FEDERALLY – RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

I certify that the above information was taken from the official membership records of the _____ Tribe and acknowledge the falsification and misrepresentation of this information is punishable under Federal Law.

Tribal Chair / Official

Date

Tribal Affiliation