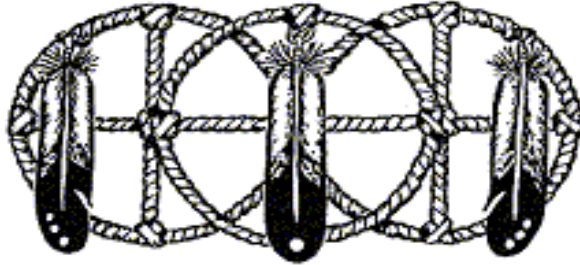


# YELLOWHAWK

## Tribal Health Center

Confederated Tribes of the Umatilla Indian Reservation



Cayuse Walla Walla Umatilla

## APPLICATION FOR EMPLOYMENT

As outlined in the Yellowhawk Tribal Health Center Personnel Manual no Yellowhawk Employee or Job Applicant shall be discriminated against in the pursuit of employment or carrier growth due to Race, Color, Religion, Sex or National Origin. Except as provided by the Indian Preference Act under Title 25, of the U.S.C..

**DO NOT** fill in this area: For H. R. Use only

Date Application Received \_\_\_\_\_

All applications **MUST** be **complete** and include a **Resume** and **Coverletter** to be considered.

Preference (select one)  Tribal  Native American  Other

Enrollment Number \_\_\_\_\_ Tribe \_\_\_\_\_

### POSITION DESIRED

Position Applying For \_\_\_\_\_

Full Time  Part Time  On Call

List Shifts you would be available to work \_\_\_\_\_

Overtime if requested  Yes  No

When will you be available to begin work? \_\_\_\_\_ Expected Pay \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Social Security Number

List any other names which you have been known by \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone: \_\_\_\_\_  
Home Phone Message Phone Cell Phone

Emergency Contact: \_\_\_\_\_  
Name Phone

Do you have any DISABILITIES which may effect your work performance or which should be taken into account in determining your job placement ?  Yes  No

If yes, please describe any reasonable accommodation to your disability that you feel could be made to assist you in working here:

Age: \_\_\_\_\_ (If Under 21)

Proof must be provided of identity and authorization to work in the U.S. This proof must be provided prior to starting employment, in accordance with the Immigration Act. Will you be able to provide such proof ?  Yes  No

## EMPLOYMENT

List most recent first. Please list all full and part time positions.

<p>1</p> <p>_____ Name of Company/Organization</p> <p>_____ Address Street, City, State, and Zip Code</p> <p>_____ Name of Immediate Supervisor      Supervisors Job Title</p> <p>_____ Your Position and Primary Duties</p>	<p>Employment Dates: _____ Month/Year      TO      _____ Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: _____</p> <p>May we contact this Employer <input type="radio"/> Yes <input type="radio"/> No</p> <p>Reason for Leaving:</p>
<p>2</p> <p>_____ Name of Company/Organization</p> <p>_____ Address Street, City, State, and Zip Code</p> <p>_____ Name of Immediate Supervisor      Supervisors Job Title</p> <p>_____ Your Position and Primary Duties</p>	<p>Employment Dates: _____ Month/Year      TO      _____ Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: _____</p> <p>May we contact this Employer <input type="radio"/> Yes <input type="radio"/> No</p> <p>Reason for Leaving:</p>
<p>3</p> <p>_____ Name of Company/Organization</p> <p>_____ Address Street, City, State, and Zip Code</p> <p>_____ Name of Immediate Supervisor      Supervisors Job Title</p> <p>_____ Your Position and Primary Duties</p>	<p>Employment Dates: _____ Month/Year      TO      _____ Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: _____</p> <p>May we contact this Employer <input type="radio"/> Yes <input type="radio"/> No</p> <p>Reason for Leaving:</p>

Is there any other employment information we should know about?

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# EDUCATION

School	Name & Location City & State	Course(s) or Major/Minor	Did You Graduate?
Graduate			<input type="radio"/> Yes <input type="radio"/> No
College/University			<input type="radio"/> Yes <input type="radio"/> No
Vocational/Trade/ Technical			<input type="radio"/> Yes <input type="radio"/> No
High School			<input type="radio"/> Yes <input type="radio"/> No
GED			<input type="radio"/> Yes <input type="radio"/> No
Specialty/Other			<input type="radio"/> Yes <input type="radio"/> No

MILITARY BACKGROUND: Branch \_\_\_\_\_

Last Rank \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Training received which will assist with desired position:  
\_\_\_\_\_

Yellowhawk has a "Drug Free Workplace Policy". You will be required to submit to a pre-employment drug test prior to an employment offer.

I authorize CTUIR/Yellowhawk Clinic to make inquires into records relating to my tribal affiliation, education, training, and work experience, with no liability arising therefrom. This Release must be completed or you will be disqualified for consideration for any position.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

Background investigation will be conducted on applicants applying for sensitive positions. The applicant is required to complete and authorize a background check in order to be considered for the position. **Note:** This is required for all positions at Yellowhawk Tribal Health Center.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Drivers License No/State

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date