



YELLOWHAWK

TRIBAL HEALTH CENTER

APPLICATION FOR EMPLOYMENT

No employee or job applicant shall be discriminated against in the pursuit of employment due to Race, Color, Religion, Sex or National Origin or any other category protected by law, 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 _____

PRINT OR TYPE ONLY. All applications **MUST** be **complete** and include a **Resume** and **Cover Letter to be considered.**

Preference: (circle one) TRIBAL _____ INDIAN _____ 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

List any other names by which you have been known: _____

Address: _____
Address City State Zip Code

Phone: _____
Home Phone Work Phone Message Phone

Emergency Contact: _____
Name/City, State Phone

Email Address: _____

Do you have any DISABILITIES which may effect your work performance or which should be taken into account in determining your job placement? Y – N (circle one). If yes, please describe any reasonable accommodation to your disability that you feel could be made to assist you in working here: _____.

Age: _____ (required if you are under 21)

Are you eligible to work in the United States? YES or NO (circle one) Proof must be provided of identity and authorization to work in the U.S. This proof must be provided, in accordance with the Immigration Act on or before the third day of work.

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: TO Month/Year Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: (____)_____</p> <p>May we contact this Employer: YES or NO 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: TO Month/Year Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: (____)_____</p> <p>May we contact this Employer: YES or NO 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: TO Month/Year Month/Year</p> <p>Salary \$ _____</p> <p>Telephone: (____)_____</p> <p>May we contact this Employer: YES or NO Reason for Leaving</p>

Is there any other employment information we should know about? _____

EDUCATION:

School:	Name and Location: (City and State)	Course(s) or Major/Minor	Did You Graduate? YES or NO Degree?
Graduate			
College/University			
Vocational/Trade/ Technical			
High School			
GED			
Specialty/Other			

MILITARY BACKGROUND: Branch _____ Last Rank: _____

Dates of Service _____ Training received which will assist with desired position

Were you honorably discharged? YES / NO (circle one) DD214 documentation required.

Yellowhawk has a "Drug Free Workplace Policy". You will be required to submit to a pre-employment drug test prior to finalization of an employment offer. In addition, all applicants must submit to a background check, which may include a credit check. The following authorization to conduct drug and alcohol tests and background checks is required in order to be considered for employment.

I authorize Yellowhawk to make inquiries into records relating to my tribal affiliation, education, training, and work experience, with no liability arising therefrom. I also authorize Yellowhawk to conduct background and credit checks with no liability.

Authorizing Signature

Driver's 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