



Chico Clinic

845 W. East Avenue
Chico, CA 95926
(530) 896-9400
Fax: (530) 896-9407

Dental and Maternal Health Center

500 Cohasset Rd. Ste 15
Chico, CA 95926
(530) 433-2500
Fax: (530) 433-2510

Children's Health Center

1515 Springfield Dr,
Suite 175
Chico, CA 95928
(530) 781-1440

Red Bluff Clinic

2500 N. Main Street
Red Bluff, CA 96080
(530) 529-2567
Fax: (530) 529-2552

Willows Clinic

207 N. Butte Street
Willows, CA 95988
(530) 934-4641
Fax: (530) 934-4081

Woodland Clinic

175 West Court Street
Woodland, CA 95695
(530) 661-4400
Fax: (530) 661-4416

Northern Valley Indian Health, Inc.

Mobile Dental Clinic
530-520-6913
www.nvih.org

INFORMATION FOR JOB APPLICANTS

Please read all documents carefully.

Thank you for considering Northern Valley Indian Health, Inc. (NVIH) for employment. The following is a brief overview of the application and hiring process used.

Due to the large volume of applications received, we request that you DO NOT CALL the Human Resources Department for information regarding your place in the process. We are also unable to provide feedback on the status of application packages that have been submitted, or on interviews.

1. The selection committee will review and evaluate applications to select a limited number of candidates to interview. Meeting the minimum qualifications for a position does not assure the candidate an interview. NVIH is not able to compensate candidates for interview-related expenses. Applicants selected for an interview and requiring reasonable accommodation(s) for the interview must notify the Department of Human Resources in advance.
2. The application process is an indication of your ability to understand and follow written instructions as provided on the employment application, vacancy announcement, and this information sheet. Failure to include required information could result in the disqualification of your application. Please read all documents carefully. *Applicants are responsible for ensuring that applications are complete when submitted.* An application without a signature or with the words "see résumé" or a similar phrase will not be accepted.
3. Applications for employment are accepted for vacant positions as they occur. Vacancies are posted on our website at <http://nvih.org/employment>. The vacancy announcements include the specific duties, requirements, and responsibilities of each position. Supplemental questionnaires, résumé, cover letters, letters of recommendation, college transcripts, licenses, or certificates may be required in addition to the employment application. The vacancy announcements specify required documents for a vacant position. Failure to submit all required documents will disqualify your application from further consideration.
4. To allow for accurate review and consideration, your application must provide a complete and detailed description of your work experience. When a certain number of years of experience are specified as a job requirement, the *full-time equivalent* is required. For example, someone who has four years of half-time experience is considered to have two years of full-time equivalent experience. It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for the position. Although you may attach a résumé, it is still **necessary** to complete the Employment History section of the employment application. Failure to do so will disqualify your application from further consideration. Writing the words "see résumé" or a similar phrase will not be accepted.
5. All applications will be screened for minimum qualifications. Applicants not meeting the minimum qualifications or submitting an incomplete application package will be excluded from further consideration. Applications that meet the minimum qualifications may be further screened by the Human Resources Department and the Interview Committee for specific skills and experience. Those applications will be forwarded to the appropriate manager where the Interview Committee will again screen the applications using detailed criteria taken directly from the vacancy announcement.
6. Based on the required duties, the Interview Committee will select the top applicants for an oral interview. The selected applicants will be contacted and an interview will be scheduled. Interviewed applicants will be required to sign an Employment Information Release form authorizing NVIH to verify references and educational degrees. Before making a formal job offer, a reference check will be conducted on the top candidate(s). Applicant(s) will be notified before the references are contacted those interviewed and not selected will be notified.
7. NVIH is required by federal law to hire only persons authorized to work in the United States. To comply with the Immigration Reform and Control Act of 1986, *employees* must provide proof of identity and authorization to work. Do not include this confidential documentation in your application package. Any person with a disability requiring reasonable accommodation(s) during any phase of the recruitment process is encouraged to contact the Department of Human Resources in advance.
8. All application materials become the property of NVIH and will not be returned to the applicant.
9. NVIH is responsible for protecting sensitive recruitment data and maintains confidentiality of that data, as required by the Information Practices Act. All information collected through the recruitment process complies with the provisions of that act.

Northern Valley Indian Health under the Indian Preference Act (Title 25, U.S. Code Sections 472 & 473), provides preference in filling vacancies to Native American applicants. In other than the preceding, NVIH provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, NVIH prohibits discrimination on the basis of creed, sexual orientation, gender identity, marital status, or presence of a physical, mental, or sensory disability, in accordance with applicable state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.



NORTHERN VALLEY INDIAN HEALTH, INC.
APPLICATION FOR EMPLOYMENT

DATE _____

An Equal Opportunity Employer

Submit this application to: Human Resources, 2561 California Park Drive, Suite 200, Chico, CA 95928 or fax to (530) 924-2042

Northern Valley Indian Health (NVIH), under the Indian Preference Act (Title 25, U.S. Code Sections 472 & 473), provides preference in filling vacancies to Native American applicants. In other than the preceding, NVIH provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, NVIH prohibits discrimination on the basis of creed, sexual orientation, gender identity, marital status, or presence of a physical, mental, or sensory disability, in accordance with applicable state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Section I – Instructions	Section II – Position
1. Type or print clearly. 2. Answer each question truthfully and completely. False statements may be cause for rejection of your application or termination from employment regardless of the time elapsed before discovery. 3. Sign and date the application as provided for on the reverse side. No application will be accepted unless signed.	Position Title You Are Applying For
	Department and Clinic Location

Section III – Personal History		
Name (last, first, middle initial) as it appears on your social security card	Social Security Number	Residence Phone
		Cell Phone
Current Street Address (street, city, state, zip code)		Email Address
		Tribal Affiliation* (if applicable)
Current Mailing Address (if different)		Roll Number* (if applicable)
		*MUST include documentation with application

Section IV – General Information
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary

If applying for Part-Time or Temporary work, please list the days and times you are available:

QUESTIONS	YES	NO
1. If hired, can you present evidence of United States citizenship or proof of your legal rights to live and work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you over the age of 18? If not, can you furnish a work permit indicating the right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you perform the essential functions of the job, with or without accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been employed by NVIH? If yes, please indicate dates of employment:	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any friends or relatives employed by NVIH? If yes, please provide their name and relationship:	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you related to anyone on the Board of Directors? If yes, please provide their name and relationship:	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you hold a valid Motor Vehicle Driver's License? <input type="checkbox"/> California <input type="checkbox"/> Other Number: _____ Class: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been discharged from any employment or forced to resign? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

Section V – Education

A. Secondary		
1. Highest grade completed:	2. Name of High School, Address, City and State	3. Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you have a high school equivalent diploma (G.E.D.), state name and phone number of issuing agency.		

B. Post-Secondary				
5. Name and location of colleges, universities, graduate school, or technical schools attended	Major	Graduate		Degree(s) Earned
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

C. Licenses and Certificates

If you hold any professional licenses, vocational licenses, or certificates, please list and include license number(s) below.

Where did you hear about the position that you are applying for? Example; newspaper (name of newspaper), website (name of website), word of mouth, etc.

Section VI – Skills and Qualifications

Keyboarding: _____ WPM

List Computer Programs:

Language(s) other than English (please indicate whether you speak, write, and/or read that language. May also include Sign Language).

THE FOLLOWING SECTIONS MUST BE COMPLETED EVEN IF ATTACHING A RÉSUMÉ

Section VII – Employment History

Account for work experience during the last 10 years and describe specific duties that are relevant to the position for which you are applying. **To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a résumé only for the duties description.

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

Section VII – Employment History (continued)

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	Job Title or Occupation: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

Section VIII - References

List three (3) persons not related to you who have knowledge of your work performance within the last three (3) years.

Name	Address	Phone Numbers	Years Known
	Street Address	Work	
	City State Zip	Cell	
	Street Address	Work	
	City State Zip	Cell	
	Street Address	Work	
	City State Zip	Cell	

Section IX – Further Explanations

Please include any other documentation which will present your qualifications to our interview committee. If you are selected to proceed with the interview process, we will notify you to arrange a mutually acceptable interview time. Your interest in employment at Northern Valley Indian Health is appreciated.

Section X – Application Certification

I HEREBY CERTIFY that all statements made in connection with this application and attachments are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment, or for termination if discovered at a later date. I authorize investigation of all statements contained herein. I further authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, education, and licensure. I release all parties from liability for any damage that may result from furnishing the same to you.

Employment with Northern Valley Indian Health is voluntarily entered into. All NVIH personnel are employed on an at-will basis. At-will employment may be terminated with or without cause, and with or without notice at anytime by the employee or by NVIH. No manager, supervisor, or employee of the organization has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will terms.

SIGNATURE _____ **DATE OF APPLICATION** _____



Human Resources Department
 Northern Valley Indian Health
 2561 California Park Dr., Suite
 200
 Chico, CA 95928
 Fax: (530) 924-2042

EQUAL OPPORTUNITY PROGRAM INFORMATION

CONFIDENTIAL

**THIS SUPPLEMENTAL INFORMATION IS FOR THE
 USE OF THE HUMAN RESOURCES OFFICE ONLY**

Position Applied For: _____ Department: _____ Clinic: _____

*Northern Valley Indian Health is required to collect and maintain summary information on the gender, ethnic background, and veteran status of applicants. To assist us in complying with this requirement, please complete and return this questionnaire with your application packet. Providing the requested information is **VOLUNTARY** and will have no bearing on your consideration for employment at NVIH. This information is confidential and will be used for statistical purposes only.*

Gender Male Female

Ethnicity (Please check appropriate ethnic designation(s)). *If more than one please indicate your primary ethnicity.*

- WHITE/European-American Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK/African-American Persons having origins in any of the Black racial groups of Africa.
- HISPANIC Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Including for example, Hawaii, the Philippines, Guam, and Samoa.
- NATIVE AMERICAN or ALASKAN NATIVE Persons having origins in any of the original peoples of North America and those who maintain cultural identification through tribal affiliation or community recognition.
- OTHER NON-WHITE Please Specify: _____

Veteran Status U.S. Veteran? YES NO

Vietnam-era Active duty for more than 180 days between August 4, 1964 and May 7, 1975.

Disability

Do you have a physical or mental disability that substantially impairs one or more major life activities? YES NO

Please check this box if you are declining to disclose the requested information.

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