

APPLICATION FOR EMPLOYMENT

Submit this application to:

Human Resources, 1990 Concord Ave., Chico, CA 95928 or FAX to (530) 433-2610

An Equal Opportunity Employer	DATE:

Northern Valley Indian Health (NVIH), recognized Native American Preference in our hiring practices which 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 original, 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.

SECTION I - INSTRUCTIONS		SECTIO	N II – POSITION		
Type or print clearly, Answer each question truthfully and completely. False statements n your application or termination from employment regardless of the 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 I	II – PERSONAL HISTORY				
Name (Last, First, Middle Initial) as it appears on your Social Security Card	d: Maiden Name (if applicable):	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: Full Time Part Time	Temporary				
If applying for Part-Time or Temporary work, please list the days and ti	mes you are available:				
QUESTIONS			YES	NO	
1. If hired, can you present evidence of United States citizenship or pro					
2. Are you over the age of 18? If not, can you furnish a work permit ind					
3. Can you perform the essential functions of the job, with or without a					
4. Have you ever been employed by NVIH? If yes, please indicate date					
5. Do you have any friends or relatives employed by NVIH? If yes, plea					
6. Are you related to anyone on the Board of Directors? If yes, please p					
7. Do you hold a valid Motor Vehicle Driver's License? California	Other Number:	Class:			
8. Have you ever been discharged from any employment or forced to	resign? If yes, please explain :				
SECTI	ON V – EDUCATION				
A. Secondary					
Highest grade completed: Name of High School, Address, City and	State:	Diploma Earned?			
If you have a high school equivalent diploma (G.E.D.), state name and p	phone number of issuing agency.				

		SECTION V – EDUCA	ATION (CONTINUED)				
B. Post-Secondary							
Name and location or schools attended	f colleges, universities	graduate school, or technical	Major	Gra Yes	No No	Degree(s) Earned	
C. Licenses and Cert	ificatos						
		onal licenses, or certificates, pleas	e list and include license num	nher(s) held)\X/		
ii you notu any profes	33701141.113011303, VOCAL	onactioonises, or continuates, pleas		1501(3) 5010	SW.		
Where did you hear a	about the position that	you are applying for? Example: Ne	wspaper (name of newspaper,), website (r	name of website	e), word of mouth, etc.	
		SECTION VI – SKILLS A	AND QUALIFICATIONS				
Keyboarding:	WPM List Com	outer Programs:					
Language(s) other tha	an English (Please indi	cate whether you speak, write, and	d/or read that language. May	also includ	le Sign Langua	ge)	
	THE FOLLO	WING SECTIONS MUST BE CO	MPLETED EVEN IF ATTAC	HING A R	ÉSUMÉ		
		SECTION VII – EMP	LOYMENT 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:			Name of your direct supervisor:		
		Part Time Full Ti	me				
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: Part Time Full Ti	me		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: Part Time Full Ti	me		Name of your	direct supervisor:	
Employer's Name and Address:				Supervisor's phone number:			
Description of Duties	:						
Reason for Leaving:							

			SECTION VII – I	EMPLOYN	MENT HISTORY (C	ONTINUED)		
From (mo/yr):	To (mo/yı	·):	Job Title or Occupation		l Time		Name of your direct super	visor:
Employer's Name and Address:				Supervisor's phone number:				
Description of Duties:								
Reason for Leaving:								
From (mo/yr):	То (то/уг	no/yr): Job Title or Occupation: Part Time Full Time		Name of your direct supervisor:				
Employer's Name and Address:						Supervisor's phone number:		
Description of Duties:								
Reason for Leaving:								
			SE	CTION VI	III – REFERENCES			
List three (3) persons	not related	d to you wh	o have knowledge of y	our work	performance with	iin the last three (3) year	S.	
Name		Address			Phone Numbers	Years Known		
		Street Add	dress				Work	
		City			State	Zip	Cell	
Street		Street Add	dress				Work	
		City			State	Zip	Cell	
		Street Add	dress				Work	
		City			State	Zip	Cell	
			SECTION	I IX – FUF	RTHER EXPLANAT	IONS		
							elected to proceed with the /alley Indian Health is appre	
			SECTION)	X – APP <u>L</u> I	ICATION CERTIFIC	ATION		
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.					of the			
SIGNATURE:						DATE OF APPLICA	TION:	