



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 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.

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:	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):
		<i>*MUST include documentation with application</i>

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 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

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

SECTION V – EDUCATION (CONTINUED)

B. Post-Secondary

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:
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