Northern Valley Indian Health
YOUR HEALTH. OUR MISSION.

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	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):
		**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 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.?	☐	☐
2. Are you over the age of 18? **If not, can you furnish a work permit indicating the right to work?** ☐ Yes ☐ No	☐	☐
3. Can you perform the essential functions of the job, with or without accommodation?	☐	☐
4. Have you ever been employed by NVIH? **If yes, please indicate dates of employment:**	☐	☐
5. Do you have any friends or relatives employed by NVIH? **If yes, please provide their name and relationship:**	☐	☐
6. Are you related to anyone on the Board of Directors? **If yes, please provide their name and relationship:**	☐	☐
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:**	☐	☐

SECTION V – EDUCATION

A. Secondary

Highest grade completed:	Name of High School, Address, City and State:	Diploma Earned? ☐ Yes ☐ 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	
		☐	☐	
		☐	☐	
		☐	☐	

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:** ☐ Part Time ☐ 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:** ☐ Part Time ☐ 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:** ☐ Part Time ☐ 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:** ☐ Part Time ☐ 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:** ☐ Part Time ☐ Full Time	Name of your direct supervisor:
Employer's Name and Address:			Supervisor's phone number:
Description of Duties:			
Reason for Leaving:			

SECTION VIII – PROFESSIONAL REFERENCES

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

Name	Background	Years Known	Contact
	Organization		Phone Number
	Title		Email Address
	Professional Relationship		
	Organization		Phone Number
	Title		Email Address
	Professional Relationship		
	Organization		Phone Number
	Title		Email Address
	Professional Relationship		

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.

NAME (PRINTED):

SIGNATURE: DATE OF APPLICATION: