



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 our policy.

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 when completed. 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 is appears on your legal identification:		Residence Phone:	
		Cell Phone:	
Other names used (if applicable):		Email Address:	
Current Street Address (Street, City, State, Zip Code):		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: <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 furnish proof of employment eligibility to work in the United States?		<input type="checkbox"/>	<input type="checkbox"/>
2. Are you over the age of 18?		<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. Where did you hear about this position?			
5. Have you ever been employed by NVIH? If yes, please indicate dates of employment:		<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any friends or relatives employed by NVIH? If yes, please provide their name and relationship:		<input type="checkbox"/>	<input type="checkbox"/>
7. Are you related to anyone on the Board of Directors? If yes, please provide their name and relationship:		<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
9. 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
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If you have a high school equivalent diploma (G.E.D.), state name and phone number of issuing agency.

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.

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)			
Language:	Language:	Language:	Language:
Fluency Level:	Fluency Level:	Fluency Level:	Fluency Level:

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	FOR NVIH USE ONLY
			<input type="checkbox"/> Full Time	
Name of your direct supervisor:		Contact for Employment Verification:		
		Phone:	Email:	Required VOE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name and Address:				Recruiter Initials:
				Title verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:				Service dates verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Notes:
Reason for Leaving:				Verification by:

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:		Contact for Employment Verification:	
		Phone:	Email:
Employer's Name and Address:			
Description of Duties:			
Reason for Leaving:			

FOR NVIH USE ONLY	
Required VOE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recruiter Initials:	
Title verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service dates verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Verification by:	

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:		Contact for Employment Verification:	
		Phone:	Email:
Employer's Name and Address:			
Description of Duties:			
Reason for Leaving:			

FOR NVIH USE ONLY	
Required VOE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recruiter Initials:	
Title verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service dates verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Verification by:	

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:		Contact for Employment Verification:	
		Phone:	Email:
Employer's Name and Address:			
Description of Duties:			
Reason for Leaving:			

FOR NVIH USE ONLY	
Required VOE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recruiter Initials:	
Title verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service dates verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Verification by:	

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:		Contact for Employment Verification:	
		Phone:	Email:
Employer's Name and Address:			
Description of Duties:			
Reason for Leaving:			

FOR NVIH USE ONLY	
Required VOE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recruiter Initials:	
Title verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service dates verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Verification by:	

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 individuals and organizations provided on this application or on any attached document to disclose 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.

Northern Valley Indian Health retains tribal sovereign immunity and is exempt from Title I of the Americans with Disabilities Act, Title VII of the Civil Rights Act, and Title II of the Genetic Information Nondisclosure Act, among other federal laws. Additionally, NVIH is not subject to California labor or employment laws or regulations. While NVIH may provide information and documents that reference these laws or regulations from time to time, it is important to note that they do not govern or dictate the policies and practices of NVIH. Any references to such laws or regulations are for informational purposes. Nothing herein shall be construed as a waiver of sovereign immunity of NVIH.

NAME (PRINTED):

SIGNATURE:

DATE OF APPLICATION: