



# Feather River Tribal Health, Inc.

Sponsoring Tribes: Berry Creek Rancheria, Mooretown Rancheria & Enterprise Rancheria

**OROVILLE CLINIC** • (530) 534-5394  
2145 Fifth Avenue • Oroville CA 95965

**YUBA CITY CLINIC** • (530) 751-8454  
555 West Onstott Road • Yuba City CA 95993

FOR OFFICE USE ONLY

DATE RECEIVED

## APPLICATION FOR EMPLOYMENT

Feather River Tribal Health is an equal opportunity employer; we do not unlawfully discriminate in any aspect of employment. We do extend preference in employment to qualified Indians as authorized by law. We will provide reasonable accommodation to those applicants who notify us that they require it during - the application and/or interview process.

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: Phone Email

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION(S) APPLIED FOR/TYPE OF WORK DESIRED: \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED: Full-time Part-time Per Diem Temporary Other \_\_\_\_\_

QUESTIONS	YES	NO	QUESTIONS	YES	NO
Are you able to meet the attendance requirements?			Can you submit proof of legal employment authorization and identity?		
Do you have any objection to working overtime if necessary?			If you are under 18, can you furnish a work permit if it is required?		
Can you travel if required by this position?			Have you ever been convicted of a crime? (Some persons with prior convictions may be prohibited by federal law from working in specified positions.)		
Have you been employed previously by our organization?					

DO YOU HAVE ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY, OR ON THE BOARD OF DIRECTORS OF FRTH? Yes No

IF YES, NAME AND RELATIONSHIP: \_\_\_\_\_

If you ever been convicted of a crime, please explain by giving us the nature of the conviction (felony or misdemeanor), the crime which lead to the conviction, date, place, and sentence. A conviction will not automatically bar employment with FRTH. Under federal law governing Indian health programs, certain kinds of convictions will limit the position to which persons may be assigned.): \_\_\_\_\_

DRIVERS LICENSE NUMBER (if the job for which you are applying lists driving as an essential job duty): \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? Yes No WHEN? \_\_\_\_\_ HOW WERE YOU REFERRED TO US? \_\_\_\_\_

### ➔PROOF OF NATIVE AMERICAN HERITAGE MUST BE ATTACHED TO APPLICATION FOR INDIAN PREFERENCE TO APPLY. ⬅

ARE YOU OF NATIVE AMERICAN DESCENT? Yes No BIA ROLL#: \_\_\_\_\_ TRIBAL ROLL #: \_\_\_\_\_

TRIBE AFFILIATION: \_\_\_\_\_ RESERVATION OR RANCHERIA AFFILIATION: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? Yes No IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

ARE THERE ANY HOURS YOU CANNOT WORK? Yes No IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING TO, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes No IF NO, PLEASE EXPLAIN: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please provide all employment information for your past three (3) employers starting with the most recent.

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT	POSITION HELD:
		FROM:	
PHONE: (    )		To:	SALARY:
JOB SUMMARY:			
REASON FOR LEAVING:			

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT	POSITION HELD:
		FROM:	
PHONE: (    )		To:	SALARY:
JOB SUMMARY:			
REASON FOR LEAVING:			

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT	POSITION HELD:
		FROM:	
PHONE: (    )		To:	SALARY:
JOB SUMMARY:			
REASON FOR LEAVING:			

**OTHER SKILLS AND QUALIFICATIONS:** Summarize any job-related training, skills, licenses, certificates and/or qualifications.


**EDUCATIONAL HISTORY:** List school name and location, years completed, course of study, and any degrees earned.

HIGH SCHOOL:
COLLEGE:
TECHNICAL TRAINING:
OTHER:

**REFERENCES:** List 3 names, telephone numbers, and years known (do not include relatives or employers).

NAME	TELEPHONE NUMBER	YEARS KNOWN
1.		
2.		
3.		

APPLICANT NAME: \_\_\_\_\_

<b>LICENSES:</b> <i>If the position you are applying for is a professional or technical position and requires licensure, please provide the following:</i>		
TYPE OF LICENSE/CERTIFICATION:		
ISSUING STATE:	DATE ISSUED:	LICENSE/CERTIFICATE NUMBER:
HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, STATE REASON, REVOCATION DATE, AND DATE OF REINSTATEMENT:		

MANY OF OUR PATIENTS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE OR UNDERSTAND ANY LANGUAGES OTHER THAN ENGLISH?  Yes  No  
IF YES, WHICH LANGUAGE (S)? \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ Feather River Tribal Health, Inc. complies with the Drug-Free Workplace Act of 1998. Under the Act, it is unlawful for employees to manufacture, distribute, dispense, possess, be under the influence of, or use an unlawful controlled substance on the job site. Employees who are reasonably suspected of violating this act may be subject to drug testing as a condition of continued employment. Pursuant to this Act, if you are offered employment you will be asked to submit to, and will be required to pass a pre-employment physical examination including a drug test. Any offer of employment is contingent upon satisfactory completion of a pre-employment physical examination and drug screen.

\_\_\_\_\_ Many positions of employment with Feather River Tribal Health are subject to the Indian Child Protection and Family Violence Prevention Act (that is, the job duties will cause you to have regular contact with Indian children). Under the Child Protection Act we are required to conduct a background investigation including a criminal history record check. As part of the criminal history inquiry, we are required to take finger prints. We conduct that investigation for all positions of employment here. You will be asked to consent to that investigation, to agree to be finger printed, and to disclose all information concerning your background that may be pertinent to that investigation. At your request, you will be provided a copy of any report resulting from that investigation.

\_\_\_\_\_ I hereby authorize Feather River Tribal Health to contact all previous employers, educational institutions, and references, and to obtain from them, and to verify the accuracy of, information contained in this application. I also hereby release Feather River Tribal Health and its representatives from any liability for damages which may at any time accrue to me on account of the seeking, gathering, and/or using of such information in connection with employment decisions. I hereby authorize my previous employers, educational institutions, and references to provide information to Feather River Tribal Health in connection with this application, and release each and all of them from liability for any damages which may accrue to me at any time arising from their providing information related to this application.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ If I become employed with Feather River Tribal Health, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Feather River Tribal Health can terminate the employment relationship at will, without notice, and with or without cause, at any time.

I certify that I have read and fully understand the application and the information provided here, and that I seek employment under these conditions.

APPLICANT SIGNATURE:   X   \_\_\_\_\_ DATE: \_\_\_\_\_