

Native American Health Center, Inc.

3124 International Blvd.
Oakland, CA 94601



160 Capp Street
San Francisco, CA 94110

Application for Employment

We consider applicants for employment without regard to race, color, age, religion, gender, national origin, disability, marital or veteran status sexual orientation, medical condition or the conditions of Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

PLEASE PRINT

Position(s) Applied For:	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		
Telephone Number(s)	E-mail Address:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date(s). _____ Yes No

Have you ever been employed with us before? If yes, give date(s). _____ Yes No

Do you have friends or relatives working for the company? Yes No
If yes, state name(s) and relationship(s): _____

Are you currently employed? Yes No *If yes, may we contact your present employer?* Yes No

Can you travel if the job requires it? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *Proof of citizenship or immigration status will be required upon employment* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last seven years? Yes No
(Convictions for marijuana-related offenses that are more than two years old need not be listed)

If yes, state the nature of the crime (s), when and where convicted and disposition of the case(s):

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name			
Address			
Phone Number(s)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, additional schooling and skills you feel may be helpful to us in considering your application

Have you had any job related training in the United States Military? Yes No If yes, please describe. _____

Indicate any languages other than English that you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal race, religion, gender, national origin, age, ancestry, handicap or other protected status.

Professional References

List below three persons, not related to you who have supervised you (preferred) or have knowledge of your work performance within the last three years:

1 Name	Occupation
Address	Telephone Number
Work Relationship	Number of Years Acquainted

2 Name	Occupation
Address	Telephone Number
Work Relationship	Number of Years Acquainted

3 Name	Occupation
Address	Telephone Number
Work Relationship	Number of Years Acquainted

May an authorized NAHC representative call your professional references: Yes No

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments.

1	Employer	From	/	/	To	/	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						
	2	Employer	From	/	/	To	/
Address							
Telephone Number(s)							
Job Title							
Supervisor							
Work Performed							
Reason For Leaving							
3		Employer	From	/	/	To	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						
	4	Employer	From	/	/	To	/
Address							
Telephone Number(s)							
Job Title							
Supervisor							
Work Performed							
Reason For Leaving							

Employment Data Record

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.

Birth date: / /

Gender:
 Male Female

Ethnicity:

Part I:

Are you hispanic or Latino?
 Yes No

If your answer to this question is no or you wish to decline, please proceed to Part II.

Part II:

Please identify yourself by selecting one category below. If you belong to more than one category, please select 'Two or More Races.'

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or More Races - All persons who identify with more than one of the above five races
<input type="checkbox"/> White	<input type="checkbox"/> Decline

Veteran Status:

<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Other Protected Veteran

Disabled Individual:

Disabled Individual

Applicant's Statement

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 documents 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.

 Signature of Applicant

 Date

Due to the nature of this organization, Indian Preference will be exercised in the hiring of this position in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applicants claiming Indian Preference must submit verification of Indian certified by tribe of affiliation or other acceptable documentation of Indian heritage.



Native American Health Center, Inc.

OAKLAND • SAN FRANCISCO • ALAMEDA

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Addendum to Application for Employment
Child Care and Indian Child Care Worker Positions

Name: _____

Social Security Number: _____

Section 231 of the Crimes Control Act of 1990, Public Law 101-647, requires that employment applications for child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 contains a related requirement for positions in the department of Health and Human Services that involve regular contact with or control over Indian Children. The agency must ensure that persons hired for these positions have not been found guilty or have not pleaded nolo contendere (no contest) to violent crimes.

To ensure compliance with the above laws, the following questions are added to the application for employment.

Responding "Yes" to either of the following questions constitutes reason to consider you ineligible for employment in the Urban Indian Health Board, Inc/ Native American Health Center, Inc.

1) Have you ever been arrested for or charged with a crime involving a child? (If "yes", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and name and address of the police department of court involved.)
Yes: _____ No: _____

2) Have you ever been found guilty, or entered a plea of nolo contendere (no Contest) or guilty to any offense under Federal, State or Tribal Law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, or crimes against persons? (If "yes", provide the date, explanation of the violation, disposition of the charge, place of occurrence, and the name and address of the police department of court involved.)
Yes: _____ No: _____

I certify that (1) my response to these questions is made under the penalty of perjury which is punishable by fines up to \$2000 or Five (5) years imprisonment, or both; and (2) I have received a notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to Urban Indian Health Board, Inc/ Native American Health Center, Inc.. and my right to challenge the accuracy and completeness of any information obtained in the report.

Applicant/ Employee Signature _____

Date _____

Native American Health Center, Inc