



Application for Indian Preference

In accordance with 25 W.S.C 450e(b) and (c), Indian Health Council, Inc. shall to the greatest extent feasible, give employment preference to Indian applicants whom regardless of age; religion or sex meet the minimum qualifications determined by the Program in its job description. It is the responsibility of the applicant to provide satisfactory evidence of his/her status.

In order for an applicant to receive Indian preference, you must provide necessary documentation at the time of application.

If you are applying for Indian preference, please check the applicable box and provide documentation as they apply to you.

The order of preference is as follows:

I am an enrolled tribal member of the: _____
Federally recognized tribe from the _____ tribe.
My enrollment number is: _____

I am not currently an enrolled member, but would like to be considered under the Indian preference policies, based on the following criteria:

Please check the box that applies to you:

- I am a descendant of an Indian who has resided in California on June 1 1852, and a descendant that lives in California and is regarded as Indian by the community in which I live.
- I am an Indian who holds trust interests in public domain, national forests, or Indian reservation allotments in California.
- I am an Indian or descendant of an Indian who is listed on the plans for distribution of assets of California Rancherias and reservations act under the act of August 18, 1958.



I understand that it is my responsibility to provide necessary documents or proof as they apply to demonstrate that I am eligible for Indian Preference. I further understand that if I, myself, do not provide the necessary documentation, I will not be considered for Indian preference.

Applicant's Signature

Date

I, _____, give Indian health council and its agents permission to contact my Tribal chairperson/Enrollment committee or the BIA to verify that I am a member of a federally recognized tribe or that I am eligible for Indian preference as indicated above. Copies of this signature show my signature is valid as the original release signed by me.

Applicant's Signature

Date

To obtain Verification of tribal membership from my tribe, IHC should contact the following person/committee:

Name and Title: _____

Address: _____

Telephone: _____

Fax: _____

FOR OFFICE USE ONLY (DO NOT WRITE IN THIS SECTION)

1st

2nd

3rd