

Indian Health Council, Inc.
50100 Golsh Rd
Valley Center, CA 92082



APPLICATION FOR EMPLOYMENT

NOTICE OF EQUAL OPPORTUNITY EMPLOYER

Except as otherwise required by law, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, medical condition, or any other status protected by federal, state, or local law, regulation, or ordinance.

NOTICE OF INDIAN PREFERENCE FOR EMPLOYMENT

You are also advised that this organization is required to give absolute preference in employment to qualified Indian candidates in federally recognized tribes as defined by the Secretary of the Interior (Title 25 U.S.C. 472 and 473), provided the applicant has submitted appropriate verification of Indian preference for employment.

NOTICE OF DRUG-FREE WORKPLACE ACT REQUIREMENTS

Indian Health, Inc. (the "IHC"), is required to implement the Drug-Free Workplace Act of 1988, 45 CFR Part 76, and subpart F. As such, it is unlawful for employees to manufacture, distribute, dispense, possess, or use a controlled substance on the job site. Employer required fitness examinations shall include drug testing as evidence of employee and employer compliance with the Drug-Free Workplace Act.

NOTICE OF CRIME CONTROL ACT REQUIREMENTS

Crime Control Act of 1990, Public Law 101-647, SEC. 231. REQUIREMENT FOR BACKGROUND CHECKS (a) IN GENERAL – (1) Each agency of the federal government, and every facility operated by the federal government (or operated under contract with the federal government), that hires (or contracts for hire) individuals involved with the provision to children under the age of 18 of child care services shall assure that all existing and newly-hired employees undergo a criminal background check.

Applicants with disabilities may be entitled to reasonable accommodation. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on IHC. If you are an applicant with a disability, please inform any IHC HR representative if you need assistance completing any forms or to otherwise participate in the application process.

NOTICE OF INDIAN CHILD PROTECTION & FAMILY VIOLENCE PREVENTION ACT REQUIREMENTS

The Indian Child Protection and Family Violence Prevention Act, Public Law 101-630, 104 Stat 4544, 25 U.S.C. 3202-3211, are regulations that prescribe minimum standards of character and suitability of employment criteria for individuals whose duties and responsibilities involve regular contact with, or control over, Indian children.

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Position Applied For	Date of Application	
How did you hear about this position?	<input type="checkbox"/> IHC Website	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Internet website: _____	

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)	Email Address:	

Are you at least 18 years old (or, if under 18, can you verify your eligibility to work?) Yes No

Have you ever filed an application with IHC before? Yes No

Have you ever been employed with IHC before? If Yes, give date: _____

Are you claiming Indian Preference? If Yes, attach Indian Preference form Yes No

Are you currently employed? Yes No

May we contact your present employer? 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? Yes No

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime, excluding any juvenile offense, that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You should answer "No Record" with respect to any conviction for a marijuana-related misdemeanor or offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial diversion program. Yes No

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

(We comply with applicable law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EMPLOYMENT HISTORY

Indian Health Council, Inc.
50100 Golsh Rd
Valley Center, CA 92082
760.749-1410 fax: 760.749.1564

Applicant Instructions: Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that reveal gender, race, religion, national origin, age, ancestry, medical condition, or any other status protected by federal, state, or local law, regulation, or ordinance. **Please attach additional pages if needed.**

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Special Skills and Qualifications: _____

EDUCATION

School Name and Locations	High School				Undergraduate College/University				Graduate/Professional					
	9	10	11	12	1	2	3	4	1	2	3	4	5	
Years Completed														
Diploma/Degree/Certification														
Describe Course of Study														
Describe any specialized training, apprenticeship, skills and extra-curricular activities.														
Describe any honors you have received.														
State any additional information you feel may be helpful to us in considering your application														

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	CONVERSATIONAL	NOVICE
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, medical condition, or any other status protected by federal, state, or local law, regulation, or ordinance:

Name: _____

(Please print)

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for individuals seeking employment in a position involved with the provision to children under the age of 18 of "child care services," as defined in 42 U.S.C. 13041(a)(2), 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. Under 42 U.S.C. 13041(a)(2), the term "child care services" means child protective services (including the investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detention, correctional, or treatment services. Individuals hired for such positions must undergo a criminal history background check.

Section 408 of the Indian Child Protection and Family Violence Prevention Act, Public Law 101-630, contains a related requirement for positions operating under contract with the federal government 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 of or pleaded nolo contendere or guilty to certain crimes. The law requires that the agency conduct an investigation of the character of each individual who is being considered for employment in such a position and prescribe in regulations the "minimum standards of character" that must be met in order for an individual to fill such a position. The regulations specify that "[t]he minimum standards of character shall be considered met only after the individual has been the subject of a satisfactory background investigation," which includes a criminal history background check. 42 C.F.R. § 136.406.

To assure compliance with the above laws, the following questions are added to the Declaration for Employment:

1. Have you ever been arrested for or charged with a crime involving a child?

YES _____ NO _____

[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?

YES _____ NO _____

[If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fine under title 18 of the U.S. Code, or imprisonment of not more than five years, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Council and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

EMPLOYER REFERENCE

REVIEW

Indian Health Council, Inc.
50100 Golsh Rd
Valley Center, CA 92082
760.749-1410 fax: 760.749.1564

Applicant Instructions: As a part of the application process, you are to provide Indian Health Council, Inc. (IHC) with three references of former employers. You are to fully complete Sections I, II, and V. *Incomplete or illegible information may result in denial of your application.* The Reference Review will be sent by IHC to your former employer and filed in Human Resources. COMPLETE ONE FORM PER EMPLOYER AND ATTACH TO APPLICATION.

FORMER EMPLOYER PLEASE RETURN TO IHC WITHIN 5 WORKING DAYS OF THE DATE STAMPED. THANK YOU FOR YOUR ASSISTANCE.

SECTION I: Applicant to Complete (Please Print)

COMPANY: _____ ATTN: _____

Address: _____

The below named person has made an application with us for employment and has given you as a former employer. Please verify information in section I and complete Section II and III concerning the work history of this application. Your reply will be held in strict confidence.

IHC Human Resources

Date

SECTION II: Applicant to Complete: Former Employer to Verify and Correct Inaccurate Information

A. Name: _____

B. Job Title: _____

C. Dates of Employment: From _____ To: _____

SECTION III: Former Employer to Complete

- A. Quality of Work Excellent Good Satisfactory Fair Poor
- B. Quantity of Work Excellent Good Satisfactory Fair Poor
- C. Interpersonal Skills Excellent Good Satisfactory Fair Poor
- D. Reliability Excellent Good Satisfactory Fair Poor
- E. Attendance Excellent Good Satisfactory Fair Poor
- F. Additional Comments: _____

SECTION IV: Former Employer to Complete

A. Reason for leaving: _____

B. Eligible for rehire? _____ YES _____ NO _____ Conditional

C. Would you recommend this person to work with children? _____ YES _____ NO

Complete by: _____ Title: _____ Date: _____

SECTION V: AFFIDAVIT Applicant to Complete

This is to certify that I authorize the above named individual and organization to provide employment information as requested by Indian Health Council, Inc. I hereby fully release said individual or organization, as well as Indian Health Council, Inc. from all liability in issuing or using this information.

Signature: _____

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G. Additional Comments: _____

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C. Reason for leaving: _____

D. Eligible for rehire? _____ YES _____ NO _____ Conditional

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- D. Reliability Excellent Good Satisfactory Fair Poor
- E. Attendance Excellent Good Satisfactory Fair Poor

H. Additional Comments: _____

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Signature: _____

APPLICANT’S ACKNOWLEDGEMENTS

Please initial below:

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initials

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the IHC.

Initials

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with IHC.

Initials

I authorize IHC and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initials

I understand employment with IHC is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials

I expressly understand and agree that either IHC or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

Initials

I understand that no representation, whether oral or written, by any representative or agent of IHC, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the IHC has the authority to enter into an agreement for employment for any specified period of time.

Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initials

I understand an offer of employment is conditioned upon complying with all of IHC’s requirements including, but not limited to, signing any requested consent for IHC to conduct an investigation or obtain a report about my background.

Initials

Applicant Signature

Date