



# SONOMA COUNTY INDIAN HEALTH PROJECT, INC.

144 Stony Point Road • Santa Rosa, CA 95401 • (707) 521-4545 Main • (707) 526-1016 Fax

## EMPLOYMENT APPLICATION

All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, medical condition or other legally protected status.

PERSONAL INFORMATION						
Last Name:		First Name:		Middle Initial:	Today's Date:	
Address:					Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home: ( ) ( )		Cell: ( ) ( )		Email:		
Do you claim "Indian Preference"? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Tribal Affiliation:</b> _____						
If yes, complete attached Indian Preference Form and attach supporting documents.						
Have you ever applied or worked for SCIHP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, When & Position: _____		
Do you have immediate relatives working for SCIHP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name & Relationship: _____		
Do you have any relative(s) on SCIHP Board of Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name & Relationship: _____		
Note: <i>SCIHP</i> has a nepotism policy						
EMPLOYMENT DESIRED						
Position Applied for:			Desired Pay:		Start Date:	
How did you find out about this position?						
Would you like to work (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Educational / Intern						
What times are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
EDUCATION						
Level	School Name / location	Did you graduate?	Major Studies	Degree/Diploma License/Certificate		
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Vocational, Business, Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
MILITARY SERVICE						
Branch	Dates of Service	Final Rank	Assignment			
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No						
BUSINESS REFERENCES (NOT related to you)						
Name:	Company / Position:	Phone:				
		Years Known:				
Name:	Company / Position:	Phone:				
		Years Known:				
Name:	Company / Position:	Phone:				
		Years Known:				



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## SKILLS (not all may be necessary for the job you seek)

Do you type?  Yes  No If yes, what is your WPM?

Foreign Languages:

Computer Skills (Hardware/Software):

Other Skills, Knowledge, Areas of Expertise:

(If additional space is needed, use the blank space on page 3)

## EMPLOYMENT HISTORY

List all jobs for the last 10 years starting with the most recent, account for gaps in employment. Attach additional pages if needed.

**Complete this section even if you have included a resume with your application.**

Dates: -	Employer Name and Address:	Supervisor Name and Job Title:	Phone Number:
Job Title:			

Duties, Responsibilities, Promotions:	Reason for Leaving:
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Job Title:			

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Dates: -	Employer Name and Address:	Supervisor Name and Job Title:	Phone Number:
Job Title:			

Duties, Responsibilities, Promotions:	Reason for Leaving:
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## GENERAL

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

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants /employees to perform essential functions. Will you be able to perform the job functions for the position you are applying for with reasonable accommodation?  Yes  No

If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.?  Yes  No

Do you have a valid California Driver's License?  Yes  No If Yes, License Number: \_\_\_\_\_



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## APPLICANT STATEMENT

I understand and agree to the following: This application is not a contract of employment. SCIHP follows an "at will" employment policy, meaning I or SCIHP may terminate employment at any time for any reason consistent with applicable law. I authorize investigation of all statements given on this application. SCIHP may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation. Should SCIHP hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal regardless of the time lapse before discovery. All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I certify that all the information given in this application is complete and true.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



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## INDIAN PREFERENCE FORM

Sonoma County Indian Health Project, Inc. shall give employment preference to Indian applicants whom regardless of age, religion or sex and meets the minimum qualification determined by the job description. It is the responsibility of the applicant to provide documents of his/her Tribal status and must be submitted along with application to receive Indian preference.

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: \_\_\_\_\_

My enrollment number is: \_\_\_\_\_

(Attach Tribal ID card or Enrollment Verification Letter on Tribes Letterhead)

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 interest 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.