



Sonoma County Indian Health Project, Inc.

## Indian Preference Form

In accordance with 25 U.S.C 450e (b) and (c), Sonoma County Indian Health Project, Inc. (SCIHP) shall to the greatest extent possible, give employment preference to Indian applicants whom regardless of age; religion or sex meet the minimum qualifications determined by SCIHP 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 the necessary documentation when submitting your application to Human Resources.

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 \_\_\_\_\_.  
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.

Print Name: \_\_\_\_\_

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

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