



TOIYABE INDIAN HEALTH PROJECT, INC.

250 See Vee Lane, Bishop, CA 93514
Phone (760) 873-8464 Facsimile (760) 873-3935

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the present of a non-job-related medical condition or handicap, or any other legally protected status. Toiyabe Indian Health Project, Inc. is an equal opportunity employer within the confines of the American Indian Preference act (Title 25, U.S. Code, Section 472 & 473)

PLEASE PRINT

Position(s) Applied for _____ Date of Application _____

How did you learn about the job? Advertisement ☐ Relative ☐ Friend ☐ Walk-in ☐ Other ☐

Last Name↓	First Name↓	Maiden Name↓
<hr/>		
Physical and Mailing Address City, State, Zip↓ <hr/>		
Telephone Numbers↓	Social Security Number↓	Driver's License Number and State↓
<hr/>		
Email Address: _____		
Tribal Affiliation: _____		
(Documentation must be attached for Indian Preference eligibility)		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give date _____

Have you been employed with us before? ☐ Yes ☐ No If Yes, give date _____ Position _____

Do you have any relatives currently employed by Toiyabe? ☐ Yes ☐ No

If yes give name & Relationship _____

Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

When are you available to work? _____ Are you able to work: ☐ Full Time ☐ Part Time ☐ Temporary

Have you ever been convicted of a crime against another person or of any criminal violation of law; Are you now under pending investigation or charged with violation of criminal law? ☐ Yes ☐ No If yes, please explain (attach separate sheet, if necessary)

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct or performance based actions? ☐ Yes ☐ No If yes, please explain (attach separate sheet, if necessary) _____



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REFERENCES

Give Name, Address and telephone number of three persons who are NOT related to you and are NOT previous employers

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military? ☐ Yes ☐ No

If Yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

EDUCATION

	High School	Undergraduate/University	Graduate
School Name and Location			
Years Completed			
Diploma/ Degree Major/ Concentration			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information helpful for considering your application: _____



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EMPLOYMENT EXPERIENCE (Start with present or last job, include the past seven years. Include any job related military service assignments and volunteer experiences)

Employer		Dates employed From:	
Address		To:	
Telephone Number		Hourly Rate:	
Job Title		Supervisor Name & Phone #	
Reason for leaving:			

Employer		Dates employed From:	
Address		To:	
Telephone Number		Hourly Rate:	
Job Title		Supervisor Name & Phone #	
Reason for leaving:			

Employer		Dates employed From:	
Address		To:	
Telephone Number		Hourly Rate:	
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SPECIAL SKILLS & QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experiences (or attach resume)

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules, policies and regulations of the employer.

Applicants Signature

Date

PLEASE NOTE: Toiyabe Indian Health Project, Inc. is committed to complying with all federal and state regulations. AS an initial step in ensuring program compliance, Toiyabe Indian Health Project, Inc. will check with appropriate Federal and State agencies at the time of application and no less than annually to ensure that all the employees, medical staff, independent contractors, and entities have NOT been excluded from participation in federally funded programs.

Applicants Signature

Date

TOIYABE INDIAN HEALTH PROJECT, INC.**Reference Check**

Company: _____

Address: _____

Applicant: _____

_____ has
given you permission to furnish reference
information to us.

Please complete this form within ten
working days and mail or fax to:

Toiyabe Indian Health Project, Inc.
52 Tu Su Lane
Bishop, CA 93514
ATTN: Personnel

(760) 873-8464 ext. 224
(760) 873-3935 Fax

Please call Personnel prior to faxing

Thank you,

Personnel Officer _____

Date _____

**-TO BE COMPLETED BY APPLICANT-**

Supervisor

Name while employed

Social Security Number

Title or Occupation

Dates of Employment

Reason for leaving:

I hereby authorize you to release information you may have
regarding my services and character, and do hereby unconditionally
release your company from all liability from any damage whatsoever
which might result from furnishing same.

Applicant's signature _____

Date _____

-TO BE COMPLETED BY FORMER EMPLOYER-

Occupation

Employed

From

To

Poor

Fair

Average

Very Good

Excellent

Quality of
WorkQuantity of
Work

Initiative

Cooperation

Attendance

Dependability

Personal Appearance

Would you recommend
clearance applicant for employment?

Previous level of

Do you have knowledge of applicant
ever having been convicted of a crime?

Why did applicant leave your company?

Would you re-hire?

If no, why?

Remarks

Signature

Date

Title

Phone

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-TO BE COMPLETED BY FORMER EMPLOYER-

Occupation

Employed

From _____ To _____

Poor

Fair

Average

Very Good

Excellent

Quality of
WorkQuantity of
Work

Initiative

Cooperation

Attendance

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Signature

Date

Title

Phone

**TOIYABE INDIAN HEALTH PROJECT, INC.
PAIUTE PROFESSIONAL BUILDING**

AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT (MVR)

I am aware that consumer and motor vehicle reports may be obtained as part of Toiyabe Indian Health Project evaluation of my job application and / or employment. The reports may be procured by Toiyabe Indian Health Project, or it's insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for Toiyabe Indian Health Project or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant / Employee

Printed Name as it appears on Drivers License

Drivers License Number / State of Issuance

Date of Birth



The following is for identification purposes only to perform the background check and will not be used for any other purposes.

<i>Applicant's Name</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
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<i>Other Name(s) Used</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Dates You Stopped Using Other Name(s)</i>
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<i>Current Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Driver's License Number</i>	<i>State Issued</i>
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<i>Signature</i>	<i>Today's Date</i>
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