



NATIVE AMERICAN CONNECTIONS

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - NATIVE AMERICAN PREFERENCE

PLEASE PRINT

Form with fields for Position(s) Applied For, Date of Application, How Did You Learn About Us?, LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS, TELEPHONE NUMBERS, E-mail, Social Security Number.

If you are under 18 years of age, can you provide proof of eligibility to work? YES NO

Are you currently employed? YES NO May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Date available for work: What is your desired salary range?

Are you available to work: Full Time Part Time Temporary (Please indicate: Shift 1 Shift 2 Shift 3 Mornings Afternoons Evenings)

- Other than English, what languages do you fluently understand, speak, read and/or write:
Have you ever been convicted of a felony? If yes, please explain
Are you claiming Native American Preference? YES NO If yes, what Nation/Tribe:

EDUCATION:

Table with 5 columns: School, Name and Address Of School, Course of Study, No. of Years Completed, Diploma/Degree. Rows include High School, Undergraduate College, Graduate/Professional, Other (specify).

“Changing Lives... Building Healthy Communities”



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ADDITIONAL INFORMATION:

State any additional information you feel may be helpful to us in considering your application, including professional certifications.

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Table with 4 columns: From (Mo/Yr), To (Mo/Yr), Name and Address of Employer, and Job Title and Duties. It contains three identical job entry forms.

May we contact all employers/supervisors listed? YES NO

REFERENCES Do not include family members.

Table with 4 columns: Name, Phone Number, Best Time to Call, and Occupation. It contains three numbered rows for references.

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. And I do hereby release all persons, firms, agencies or companies from any damages resulting from furnishing such information. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, past practice or oral promises by any executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

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