



Anav Tribal Health Clinic
Quartz Valley Indian Reservation
Employment Application

Address: 9024 Sniktaw Lane
Fort Jones, Ca 96032

Phone: (530) 468-5907
Fax: (530) 468-5908

PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

Date: ____ / ____ / ____

Name: _____

Mailing Address: _____

Phone #: (____) _____

Message/Cell Phone #: (____) _____

EMPLOYMENT DESIRED:

Position Title: _____

Date You Can Start: ____ / ____ / ____

Salary Desired: _____

Currently Employed? Yes No

If Currently Employed, May We Inquire? Yes No

Have You Ever Been Employed With Quartz Valley Indian Reservation? Yes No

If Yes, Please list Dates:

REFERENCES: (PERSONS NOT RELATED TO YOU; HAVE KNOWN AT LEAST ONE YEAR)

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Years Known</u>
1.)			
2.)			
3.)			

EMPLOYMENT HISTORY: (LIST LAST THREE EMPLOYERS, STARTING WITH PRESENT/MOST RECENT FIRST)

Date Month/ Year	Name, Address & Phone #	Wage	Title	Reason For Leaving

EDUCATIONAL BACKGROUND:

	Name & Location	Years Attended	Did You Graduate?	Subject(s) Studied

Subjects of Special Study and /or Professional Research:

Skills / Spoken Languages:

If Position Requires, Are You Bondable? Yes No

If No, Please Explain: _____

READ THE FOLLOWING REFERENCE CAREFULLY BEFORE ANSWERING FURTHER QUESTIONS

By law you are not required to provide the following information. However it would help us to be in compliance with 25 CFR, Part 276, Which States: In accordance with Title VII of the Civil Rights Act, Section 701 (B) and 703 (I). Preference in filling all vacancies will be given to qualified American Indian candidates. This will ensure, that all persons are fairly considered for employment.

QUARTZ VALLEY INDIAN RESERVATION IS AN EQUAL OPPORTUNITY EMPLOYER.

INDIAN PREFERENCE:

Are you an enrolled member of a Federally Recognized Indian Tribe? Yes No

If Yes, List Tribe and Enrollment Number: _____

Race / Ethnicity: _____

*Do you have any physical condition, which may limit your ability to perform the job for which you are applying? Yes No

If yes, Please List: _____

*Have you ever been convicted of a felony? Yes No

If yes, Please Explain: _____

*Do you have a valid California driver's license? Yes No

*Have you had a vehicle accident or received a ticket for a traffic violation in the past 3 years?

Yes No If Yes, Give Date(s) and circumstances:

*Are you a Veteran? Yes No

If yes, Please Submit a Copy of Your DD- 214.

*Are you a Disabled Veteran? Yes No

READ CAREFULLY BEFORE YOU SIGN THIS APPLICATION:
(SIGNATURE IS NECESSARY FOR APPLICATION APPROVAL)

I certify that to the best of my knowledge all of my statements are true, correct, complete, and are made in good faith. I understand that any false statement on this application may result on my not being hired, or my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way. I consent to the release of information concerning personal history I have listed on this application. In the event my application is selected I will agree to give consent to a complete fingerprint and criminal background inquiry. Inquires, if made, may include information as to my character, general and criminal reputation, personal and characteristics. I release any person, firm, or institution from all liability for any damage for issuing such information.

Signature of Applicant

Date