



*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:

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Skills / Spoken Languages:

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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:

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\*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