



Consolidated Tribal Health Project, Inc.  
P.O. Box 387, Calpella, CA 954118

## APPLICATION FOR EMPLOYMENT

Consolidated Tribal Health Project, Inc. (CTHP) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration on a basis prohibited by local, state, federal or tribal law. Should an applicant need reasonable accommodation in the application process, he or she should contact Human Resources.

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**PERSONAL INFORMATION****DATE OF APPLICATION:** \_\_\_\_\_**Name:**

Last

First

Middle

**ADDRESS:**

Street

(Apt)

City, State

Zip

**CONTACT INFORMATION:**

Home Telephone

Mobile

Email

**POSITION(S) APPLYING FOR:** \_\_\_\_\_**HOW DID YOU LEARN OF THIS POSITION?****WHEN CAN YOU START WORKING IF HIRED?****ARE YOU 18 YEARS OF AGE OR OLDER?**

YES NO

**ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?**

YES NO

**HAVE YOU EVERY BEEN EMPLOYED WITH US BEFORE?**

YES NO

**ARE YOU CURRENTLY EMPLOYED?**

YES NO

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**

YES NO

**ARE YOU CLAIMING INDIAN PREFERENCE?**

YES NO

TRIBAL DOCUMENT MUST BE ATTACHED TO THIS APPLICATION

## EMPLOYMENT EXPERIENCE

Please give enough information to allow for review and evaluation of work experience and abilities. List the positions that you have held starting with your most recent job. Include relevant volunteer experience and military assignments. If you were employed under a different name, then include the name by which you were known by. **This section must be fully completed. A resume may be included but will not be accepted in place of this section.**

Please list beginning with most recent

1.

Employer	Telephone	Job Title	
Address		Supervisor	
		Reason for leaving	
Duties:			Dates Employed: From:  To:

2.

Employer	Telephone	Job Title	
Address		Supervisor	
		Reason for leaving	
Duties:			Dates Employed: From:  To:

3.

Employer	Telephone	Job Title	
Address		Supervisor	
		Reason for leaving	
Duties:			Dates Employed: From:  To:

## PROFESSIONAL REFERENCES

Name	Title	Company	Phone
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**EDUCATION**

	Name and Location	Degree	Major / Subjects of Study
<b>High School</b>			
<b>College or University</b>			
<b>Specialized Training, Trade School, etc.</b>			
<b>Military</b>	Branch and Location	Rank and Special duties	Dates of Service

**HAVE YOU HAD ANY JOB-RELATED TRAINING THE US MILITARY?**

**YES NO**

**IF YES, PLEASE DESCRIBE:**

**ARE YOU ABLE TO PERFORM THE DUTIES OF THE JOB WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION?**

**YES NO**

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize this Company to investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any information related to my work records, without giving me prior notice of such disclosure. I hereby release this Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between this Company and me. In addition, I understand and agree that If I am employed, my employment is "at will," which means that it may be terminated at any time, with or without prior notice, and with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on this Company unless made in writing and signed by me and CTHP.

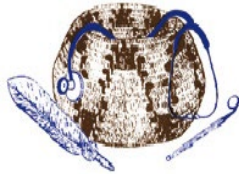
If hired, I agree to read and comply with all of this Company's policies. I further understand that if employed, upon the separation of my employment, I will be required to return all the Company's property in my possession.

I understand and acknowledge that a condition of hire is passing the background investigation and drug screening.

I acknowledge I have read, understood, and agreed to the above statements, and certify under penalty of perjury that this application is true and correct.

**IF I CHOOSE TO SUBMIT THIS APPLICATION ELECTRONICALLY, MY NAME ON THE SIGNATURE LINE WILL HAVE THE SAME EFFECT AS IF I SIGNED A HARD COPY OF THIS APPLICATION.**

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



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## Conflict of Interest

In keeping with the board adopted Personnel Handbook, dated, October 1994, Section 8.0, **Restriction on Hiring**, the following questions are asked to help Consolidated Tribal Health Project avoid conflicts of interest and to help us confirm to applicable labor laws. If you have any questions, please contact Human Resources.

### INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

**Name:**

.....  
Last

.....  
First

.....  
Middle

**POSITION(S) APPLYING FOR:** \_\_\_\_\_  
\_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Have you been hired as an employee for CTHP in the past? | Yes | No |
| a. If yes, what dates:                                      |     |    |
| 2. Are you currently on the CTHP Board of Directors?        | Yes | No |
| 3. Have you ever served on the CTHP Board of Directors?     | Yes | No |
| a. If yes, what dates:                                      |     |    |
| 4. Are you related to any CTHP employee(s)?                 | Yes | No |
| a. If yes, please provide their names:                      |     |    |
| b. What is their relationship to you?                       |     |    |
| 5. Are you related to any CTHP Board member(s)?             | Yes | No |
| a. What is their relationship to you?                       |     |    |

Thank you.

## INSTRUCTIONS FOR COMPLETION OF INDIAN PREFERENCE FORM

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It is the responsibility of the individual establishing evidence of entitlement to Indian Preference in employment to submit as much background information as possible to verify eligibility for preference. This form has been designed for verification that an individual is entitled to preference in employment. If the application does not meet their tribal enrollment criteria, the form should not be completed. Receipt of this properly verified form, together with the CTHP "Application for Employment" form, entitles an applicant to preference in employment.

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## VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT

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To establish eligibility for Indian preference for employment with Consolidated Tribal Health Project, Inc. (CTHP), please complete information below and submit with your CTHP application for employment.

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## MEMBERS OF FEDERALLY - RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES

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**I certify that the above information was taken from the official membership records of the \_\_\_\_\_ Tribe and acknowledge the falsification and misrepresentation of this information is punishable under Federal Law.**

\_\_\_\_\_  
Tribal Chair / Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Affiliation

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