

LAKE COUNTY TRIBAL HEALTH CONSORTIUM, INC.



Employment Application

925 BEVINS CT. LAKEPORT, CA 95453 (707) 263-8382

Thank you for considering Lake County Tribal Health Consortium, Inc. (LCTHC) for employment.

To apply: Complete the employment application and supplemental questionnaire. A resume can only be submitted as an attachment. Any reference on the application "refer to resume" will not be accepted. All questions and data requested on the application form must be completed. One application form must be submitted for each job posting. Completed application and supplemental questionnaire forms must be received by the job posting deadline. All application materials become the property of LCTHC and will not be returned to the applicant.

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Position Applied for							Date Available			
Type of Position	FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>		TEMPORARY <input type="checkbox"/>					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony within the last 7 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you claiming Native America Indian Preference? <input type="checkbox"/> YES (If Yes, attach documentation) <input type="checkbox"/> NO										
EDUCATION										
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Licenses and Certificates <i>If you hold any professional licenses, vocational licenses or certificates, please list and include license number(s) below</i>										
Skills and Qualifications Typing or Data Entry WPM _____ List Computer Programs										
Language(s) other than English <i>(please indicate whether you speak, write and/or read that language)</i>										

PREVIOUS EMPLOYMENT										
Company						Phone		()		
Address						Schedule		Total work hours per week _____		
Job Title				Starting Salary		\$		Ending Salary		\$
Job Status		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary				# of employees you supervised
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Supervisor Name and Title		
Responsibilities										
PREVIOUS EMPLOYMENT										
Company						Phone		()		
Address						Schedule		Total work hours per week _____		
Job Title				Starting Salary		\$		Ending Salary		\$
Job Status		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary				# of employees you supervised
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Supervisor Name and Title		
Responsibilities										
PREVIOUS EMPLOYMENT										
Company						Phone		()		
Address						Schedule		Total work hours per week _____		
Job Title				Starting Salary		\$		Ending Salary		\$
Job Status		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary				# of employees you supervised
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Supervisor Name and Title		
Responsibilities										
MILITARY SERVICE										
Branch						From		To		
Rank at Discharge						Type of Discharge				
If other than honorable, explain										

REFERENCES			
<i>Please list three professional references. By listing references, I authorize LCTHC to conduct a reference check</i>			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
DISCLAIMER AND SIGNATURE			
<ul style="list-style-type: none"> • I certify that my answers are true and complete to the best of my knowledge. • I understand LCTHC will conduct a background check and drug screening if selected for the position. • Employment will be contingent upon favorable passing of screenings • If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. • I understand that LCTHC is an at will employer. Either the employee or LCTHC can terminate the employment at will, without advance notice, at any time, with or without cause. • I understand that preference will be given to qualified American Indians in accordance with 25 USC 472, the Indian Preference Act. Along with Native Preference, this institution is an equal opportunity provider and employer. 			
Signature			Date

APPLICANTS – PLEASE COMPLETE THE SUPPLEMENTAL QUESTIONNAIRE (NEXT PAGE)

LAKE COUNTY TRIBAL HEALTH CONSORTIUM, INC
APPLICATION FOR EMPLOYMENT
SUPPLEMENTAL QUESTIONNAIRE



Are you a Native American? Yes___ No___

If yes, do you have Indian Certification?
(Please attach certification) Yes___ No___

Are you related to a current member of the Board? Yes___ No___
If yes, name of Board member: _____
Relationship to the Board member: _____

Are you related to a current employee of LCTHC? Yes___ No___
If yes, the name of the employee: _____
Relationship to the employee: _____

Signature of Applicant _____

Date _____