

K'ima:w Medical Center
 An entity of the Hoopa Valley Tribal Council
EMPLOYMENT & VOLUNTEER APPLICATION
 P. O. Box 1288 · Hoopa, CA 95546 · (530)625-4261



POSITION APPLIED FOR:	Date:
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Name:	Social Security Number:
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Mailing Address:	City	State	Zip
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Telephone: Home () -	Cell ()	Work ()
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Email address:

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Salary requirement: _____	Have you ever worked for K'ima:w Medical Center <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" when? _____ What position: _____
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Is Indian Preference Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ Roll Number: _____ Attach Verification	Veterans Preference <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Verification
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Check time willing to work <input type="checkbox"/> Full time <input type="checkbox"/> Part-time Hours per week: _____ <input type="checkbox"/> Days <input type="checkbox"/> Evenings No. of days per week: _____ <input type="checkbox"/> Overtime occasionally if necessary	If offered employment, when can you start? _____ What is your anticipated length of employment? _____ Have you given notice to your present employer?
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EDUCATION

Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	Last High School Attended: Address:
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College (attach transcripts), Trade School or Special Training (attach certificates):

Name of School	Address	Dates Attended	Degree/Trade/Training

CERTIFICATES OR LICENSES (ATTACH COPY)

License Type: X-ray R.N. L.V.N Lab Tech. EMT Paramedic Other # _____

Give Expire Date: _____ Date Earned: _____ State Issued: _____

Are all certificates current? Yes No

Positions requiring Driving License: License #:	Expiration Date:
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CPR Certified: Yes No

PAST EMPLOYMENT HISTORY: Please list your employers, starting with your most recent position.
 May we contact your previous employer? Yes No

From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:
From:	Name and address of Company:
	Telephone of Company:
	Immediate Supervisor:
To:	Reason for leaving:
	Primary duties preformed:

Job related training, honors/awards, accomplishments (Title/Year) or other information, skills, that would specifically prepare you to work with K'ima:w Medical Center?

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EXPERIENCE & SKILLS Have you had experience in the following:

Microsoft Publisher	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Computer Problem Solving/Programming	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Microsoft Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Insurance Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Other computer programs	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Professional Medical Applicants Only	
Microsoft Word	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Set-up and assist with minor surgeries	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Typing (WPM____)	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Do EKG's	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Filing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Do venipunctures	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Heavy phones	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Do throat cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Scheduling appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Urinalysis by dipstick	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Know medical terminology	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Microscopic Urinalysis	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Transcription from tape	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Give Injections	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Computer Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	Supply & instrument inventory/ordering	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____
Data entry (speed____)	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____	List any other procedures with which you have assisted:	
Account Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____		

PERSONAL REFERENCES:

Name:	Address:	Phone:	Years Known:
Name:	Address:	Phone:	Years Known:
Name:	Address:	Phone:	Years Known:

PROFESSIONAL REFERENCES:

Name:	Address:	Phone:	Years Known:
Name:	Address:	Phone:	Years Known:
Name:	Address:	Phone:	Years Known:

EMPLOYMENT APPLICATION DISCLAIMERS

<i>Initial</i>	<i>The K'ima:w Medical Center is an equal opportunity employer. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. Employee selection is consistent with the Hoopa Tribal TERO Ordinance. Applicants selected will be subject to alcohol and drug testing pursuant to the Hoopa Tribes Alcohol Policy.</i>
<i>Initial</i>	<i>All applicants to positions located at an K'ima:w Medical Center facility shall provide documentations of immunity of Measles and Rubella, and annual PPD prior to or at the time of their entrance on duty. Employees or volunteers subject to this policy who are not immune to Rubella and Measles and refuse the recommended vaccine(s) are subject to be reassigned or removed from their position. I understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my</i>

	<i>job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the medical center or its agents, All medical information revealed during such examinations. I further authorize the medical center to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceedings by myself or others. In the event that I have a disability which will affect my ability to take the test, I will so inform the medical center so that a reasonable accommodation can be made. The medical center reserves the right to require medical documentation concerning the need for accommodation.</i>
<i>Initial</i>	<i>I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the US.</i>
<i>Initial</i>	<i>I declare under penalty of perjury that the facts contained in the application (or resume or other documents submitted) are true and complete to the best of my knowledge. I certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation or omissions will disqualify me from further considerations for employment, and will be justification for my dismissal from employment or volunteering, if discovered at a later date.</i>
<i>Initial</i>	<i>I authorize any persons, school, current employer (except as expressly noted), past employer(s), and organizations named in this application from (and accompanying resume or other documentation, if any) to provide the medical center with relevant information and opinions, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.</i>
<i>Initial</i>	<p><i>Preferred method of communication;</i></p> <p><input type="checkbox"/> <i>Mail</i></p> <p><input type="checkbox"/> <i>E-mail - I authorize K'ima:w Medical Center Human Resources to send me notifications electronically via e-mail in regards to my application.</i></p> <p><i>I understand that I will only receive information via my preferred method of communication and that it is my responsibility to keep this information current.</i></p>
<i>The period during which this application will be considered active is limited TO THE OPENING APPLIED TO and individuals must re-apply (COMPLETE A NEW APPLICATION) for any other open position.</i>	

Applicants Signature _____

Date: _____