

INSTRUCTIONS for EMPLOYMENT APPLICATION

1. GENERAL INFORMATION: Complete the whole section.

2. EDUCATION AND TRAINING: Complete the whole section. Attach a copy of your Degree(s)/Certificates, Licenses, and/or Credentials.

3. EMPLOYMENT HISTORY: Complete for each employer **we do not accept “SEE RESUME”**, and list Reference Name (immediate supervisor) and Phone Number. Please describe each job completely and accurately. Do not use slang, abbreviations or work jargon. Assume the person reviewing your application is not an expert in your area.

4. DRIVERS LICENSE – Complete this section attach a copy if it is a requirement in the job announcement.

5. COMPUTER SKILLS – Complete if the position if it is requirement in the job announcement.

6. SPECIAL SKILLS, ACCOMPLISHMENTS, AND AWARDS: Complete this section.

7. PREFERENCES:

Indian preference, you must attach a copy of Indian Certification/Identification Card.

Veteran preference, you must attach a copy of Certificates of Release or discharge from Active Duty, VA Form DD-214.

Handicap preference, you must attach a copy of Certificate with the degree of handicap.

IF YOU DO NOT ATTACH THE ABOVE DOCUMENTS, YOU WILL NOT BE ENTITLED TO THE PREFERENCE POINTS.

8. PERSONAL REFERENCES: Complete this section.

9. SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

By signing your application, you are stating that all your statements are true and correct and you are authorizing Sophie Trettevick Indian Health Center to check your references, education etc. E-mailed applications without a signature will be accepted however, should you be considered for employment you are required to sign your application prior to the pre-employment process.

COMPLETELY FILL OUT EACH PAGE OF THE APPLICATION

The screening process is based on this application; make it as complete as possible. We do not accept “SEE RESUME” on the application. If you require additional space for related work history, make a copy (or copies) of the blank page and attach to your application. Incomplete applications will be rejected. Only those applicants who meet the minimum qualifications will be interviewed.

OTHER INFORMATION

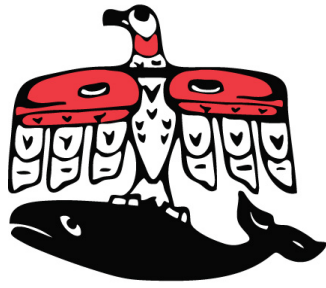
Résumé's are accepted **IN-ADDITION** to a completed application.

Please read the official job announcement for the minimum Experience, Training and Other Skills and Abilities. Applications not meeting the minimum Experience, Training and Other Skills and Abilities will be rejected.

All applications must be submitted to the Human Resources office (drop off or email, and for USPS and FED EX must be postmarked) no later than 5:00 p.m. on the closing date (unless otherwise listed on the position description advertisement). Applications received after the closing date and time will not be accepted.

A separate application is required for each position you are applying for. The application and attached documents become the official record of Sophie Trettevick Indian Health Center and cannot be returned. Please make copies before submitting the application to the Human Resources office. Applicants selected for positions with the Makah Tribe are required to submit to a pre-employment U/A and pass such test.

S O P H I E T R E T T E V I C K



INDIAN HEALTH CENTER

MAKAH TRIBE

EMPLOYMENT APPLICATION

1. GENERAL INFORMATION

Position you are applying for? _____

Social Security Number: _____ Male Female

Full Name: _____

Full Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

If necessary, the best time to call you at home is: _____

May we call you at work? ☐ Yes ☐ No

AVAILABILITY

If your application is considered favorably, on what date can you start work? _____

Desired rate of pay: \$ _____

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Proof of Identity and U.S. citizenship will be required upon employment.

Have you previously been employed by Makah Tribal Council? ☐ Yes ☐ No

If "YES", fill in dates: _____

Have you ever been convicted of a misdemeanor or felony within the past ten (10) years? ☐ Yes ☐ No

(Answering yes will not automatically disqualify you for employment.)

If "YES" list the dates: _____

2. EDUCATION AND TRAINING

Did you graduate from high school? ☐ Yes ☐ NO

Yes - list name and location (city & state) of the last high school you attended

No - list the highest grade you completed: _____

Do you have a GED high school equivalency? ☐ Yes ☐ NO

If yes - list name and location (city & state) where you obtained your GED high school equivalency

Have you attended college or graduate school? ☐ Yes ☐ NO

Do you have a Degree? ☐ Yes ☐ NO

If yes - list your Degree(s) and attach a copy to your application. _____

NAME AND LOCATION (CITY, STATE, AND ZIP CODE) OF COLLEGE OR UNIVERSITY

Name	City	State	Zip Code	Number of Credits	Type of Degree	Year

Chief Undergraduate Subjects, List Major on 1 st Line	Number of Credit Hours Semester	Completed Quarters

Chief Graduate Subjects, List Major on 1 st line	Number of Credit Hours Semester	Complete Quarters

CERTIFICATES/LICENSES/CREDENTIALS (Only for positions which require)

Check off and attach a copy to your application.

☐ LPN/RN License ☐ Other: _____

3. EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Begin with the most recent employer:

1. Name of company: _____
Mailing address: _____
City, State & Zip Code: _____
Telephone including Area Code: _____
Exact Job Title: _____
Date of employment: From _____ To _____
Salary or earnings: Starting _____ Ending _____
Average number of hours per week: _____
Number of employees you supervised: _____

Description of Work: Describe your specific duties, responsibilities, and accomplishment in this job, including the job title(s) of any employees you supervised. If you describe more than one type work (for example, carpentry and painting, or personnel and budget) write the approximate percentage of time you spent doing each.

Reason for leaving: _____

Reference Name & Phone Number (Supervisor): _____

2. Name of company: _____
Mailing address: _____
City, State & Zip Code: _____
Telephone including Area Code: _____
Exact Job Title: _____
Date of employment: From _____ To _____
Salary or earnings: Starting _____ Ending _____
Average number of hours per week: _____
Number of employees you supervised: _____

Description of Work: Describe your specific duties, responsibilities, and accomplishment in this job, including the job title(s) of any employees you supervised. If you describe more than one type work (for example, carpentry and painting, or personnel and budget) write the approximate percentage of time you spent doing each.

Reason for leaving: _____

Reference Name & Phone Number (Supervisor): _____

3. Name of company: _____
Mailing address: _____
City, State & Zip Code: _____
Telephone including Area Code: _____
Exact Job Title: _____
Date of employment: From _____ To _____
Salary or earnings: Starting _____ Ending _____
Average number of hours per week: _____
Number of employees you supervised: _____

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Reason for leaving: _____


Reference Name & Phone Number (Supervisor): _____

4. Name of company: _____
Mailing address: _____
City, State & Zip Code: _____
Telephone including Area Code: _____
Exact Job Title: _____
Date of employment: From _____ To _____
Salary or earnings: Starting _____ Ending _____
Average number of hours per week: _____
Number of employees you supervised: _____

Description of Work: Describe your specific duties, responsibilities, and accomplishment in this job, including the job title(s) of any employees you supervised. If you describe more than one type work (for example, carpentry and painting, or personnel and budget) write the approximate percentage of time you spent doing each.

Reason for leaving: _____

Reference Name & Phone Number (Supervisor): _____

 If there is a particular Employer(s), you do not wish us to contact, please indicate which one(s):

4. DRIVERS LICENSE (Only for positions which require)

Do you have a valid Drivers License? ☐ Yes ☐ No

Drivers License Number _____ State _____ Expiration Date _____

☐ Operator ☐ Commercial - list type of endorsement _____

Have you had any accidents during the past three years? ☐ No ☐ Yes - how many _____

Have you had any moving violations during the past three years? ☐ No ☐ Yes - how many _____

5. COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills you are proficient (any version)

☐ PC User ☐ Windows user ☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel

☐ Microsoft Publisher ☐ EHR ☐ MIPS ☐ Web Page Design/Maint ☐ Email ☐ Internet

☐ Other. Please list _____

6. SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

Give the title and year of any honors, awards, or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. Some examples are: Skills with other machines; most important publications (do not submit copies); public speaking and writing experience; membership in professional or scientific societies; patents or inventions; etc.

State additional information you feel may be helpful to us in considering your application, and/or attach related documents or resume:

7. PREFERENCES

INDIAN PREFERENCE

Indian Preference will be applied to the selection for this position as defined in Title 25, U.S. Code Sections 44-46 and 474. If you wish to claim Indian Preference, attach your Indian certification/Identification Card to this application: (Place an X in the box that applies to you)

- ☐ I am an enrolled Indian residing on the Reservation
- ☐ I am an enrolled Indian residing off the Reservation
- ☐ I am a Local Resident and I reside on the Reservation
- ☐ I am not a Local Resident and I do not reside on the Reservation

VETERAN PREFERENCE

Are you a veteran of the United States military service? ☐ No ☐ Yes What Branch _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the services. _____

Attach a copy of Certificates of Release or discharge from Active Duty, VA form DD-214.

HANDICAP PREFERENCE

Handicap preference will be applied to the selection of this position, if you wish to claim this preference, attach a copy of Certificate with the degree of handicap.

8. PERSONAL REFERENCES

List three people who are not related to you and are not supervisors you listed under employment who know your qualifications and fitness for the kind of job for which you are applying. At least one should know you well on a personal basis.

Full Name of Reference	Telephone Number	Address	City & State	Zip Code

9. SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. E-mailed applications will be accepted however, should you be considered for employment you are required to sign this release prior to the pre-employment process. Read the following carefully before you sign.

I certify that to the best of my knowledge, all of my statements are true, correct, and made in good faith. I understand that any false statement on this application may result in my not being hired, or in my dismissal. I further certify that I, the undersigned applicant, have personally completed this application that any omission or misstatement of material fact on this application or on any documents used to secure employment will be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery. 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 if the employer decides to employ me.

I hereby authorize Sophie Trettevick Indian Health Center to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and further, authorize my current and former employers to disclose any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Sophie Trettevick Indian Health Center my current and former employers, and all other persons, corporations' partnerships and associations from any and all claims, demand, or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

Date