



**RIVERSIDE – SAN BERNARDINO
COUNTY INDIAN HEALTH, INC.**

11555½ Potrero Road
Banning, CA 92220
(951) 849-4761
(951) 849-5612 Fax

**APPLICATION
FOR
EMPLOYMENT**

An Equal Opportunity Employer

NOTICE OF EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job related medical conditions or handicap.

NOTICE OF GENERAL SALARY RATINGS

Riverside-San Bernardino County Indian Health, Inc. is not a federal government agency. Reference to the General Salary Schedule Ratings (GS-) are equivalencies for the purpose of establishing and identifying wage scale only. This position does not entitle the incumbent to accrue any benefits from any federal benefits program.

NOTICE OF INDIAN PREFERENCE FOR EMPLOYMENT

You are also advised that this organization will be required to give preference in employment and training to qualified Indian candidates (Title 25 U.S.C. 472 and 473) and the Public Law 93-638 provided the applicant has submitted appropriate verification of Indian preference for employment. (Form BIA – 4432)

NOTICE OF DRUG-FREE WORKPLACE ACT REQUIREMENTS

Riverside-San Bernardino County Indian Health, Inc. is required to implement the Drug-Free Workplace Act of 1988, 45 CFR Part 76, and subpart F. As such, it is unlawful for employees to manufacture, distribute, dispense, possess, or use a controlled substance on the job site. Employees who are reasonably suspected of violating this act may be subject to drug testing as a condition of employment. Employer required fitness examinations shall include drug testing as evidence of employee and employer compliance with the Drug-Free Workplace Act.

NOTICE OF IMMIGRATION REFORM AND CONTROL ACT REQUIREMENTS

The Immigration Reform and Control Act of 1986, a Federal law, prevents us from hiring people who cannot prove they are either U.S. Citizens or are non-citizens whom the law permits to work here.

If we decide to hire you, you must show us one of the following original documents to provide your citizenship or legal right to work; an original Social Security Number Card; a Birth Certificate; a U.S. Passport; a Certificate of United States Citizenship, an INS Citizen identification Document; an INS Employment Authorization Document; a Native American Tribal Document.

You must also show one of the following documents to prove your identity; a state-issued Driver's License, ID Card, or Canadian Driver's License; a U.S. Passport; a U.S. Military ID Card; a Voter's Registration Card; a School Identification Card bearing a photograph of you; a U.S. Military Card, Draft Record, U.S. Coast Guard Merchant Mariner Card, or Military Dependent's ID card; an identification card issued by a federal, state or local government agency or entity; a Native American Tribal Document.

THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT

The Indian Child Protection and Family Violence Prevention Act (the “Act”), Public Law (P.L.) 101-630, 104 Stat 4544, 25 U.S.C. 3202-3211, are regulations that prescribe minimum standards of character and suitability of employment criteria for individuals whose duties and responsibilities involve regular contact with, or control over, Indian children.

There will be a background investigation check and finger printing process on all individuals who will come in contact with children or have control over Indian children. The minimum standards of character will have been met only after individuals in positions involving regular contact with or control over Indian children have been the subject of a satisfactory background investigation. This process will ensure that at no time have the individuals been found guilty of or entered a plea of nolo contendere (no contest) or guilty to an offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contacts, or prostitution; or crimes against persons. The Act requires that tribes or tribal organizations that receive funds under the Indian Self-Determination and Education Assistance Act, P.L. 93-638, employ individuals in positions involving regular contact with or control over Indian children only if the individuals meet standards of character no less stringent than those prescribed for the government.

I understand and acknowledge receipt of the above information regarding Notice of Equal Opportunity Employment, salary, benefits, the requirements of Indian Preference, the Drug-Free Workplace Act of 1988, the legal right to work, both a background check and the procedure of finger printing of myself. I also understand and acknowledge that results from the background investigation will be shared with me.

Signature: _____

Date: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical conditions or disability.



EMPLOYMENT INQUIRY & RELEASE FORM

FULL NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NO. _____ - _____ - _____

DRIVERS LICENSE NO. / STATE _____

(optional)

In connection with my employment or contract for services with you, I understand that investigative background inquiries, including a fingerprint check, are to be made on myself. In accordance with my right to privacy, I have been advised that the information described below is required to assist the same in making an employment determination concerning me and that execution of this form is voluntary.

It is understood that all information / data obtained will be supplied to me in the form of an investigative report and that this report will not be used in violation of any federal or state law. Furthermore, if adverse action is to be taken based on this report, I will be notified, and a copy, along with a summary of the consumer's rights will be provided to me, at my request, by the entity supplying the information.

I hereby authorize any qualified agent bearing this document, or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, reporting agencies, law enforcement agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, driving history, disciplinary and conviction records.

I understand that the information released is for consideration of my employment application and possibility for the purpose of determining my qualifications for future assignments.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, mro's, doctors, officers, agents, employees, if authorized representatives, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization.

I hereby certify that all the statements and answers set forth on the application form and documents signed are true and complete to the best of my knowledge, and I understand that if subsequent to employment, any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

I acknowledge and agree that I am executing this AUTHORIZATION FOR RELEASE OF INFORMATION voluntarily and have the right to receive a copy of it upon my written request.

It is hereby understood that in order to be considered for employment I must first pass a Pre-employment Urine Drug Screen. This test will be paid for by the employer and conducted at Riverside-San Bernardino County Indian Health, Inc. I also understand and authorize all testing results to be released to this company and/or it's agents.

Under California Law, you have the right to receive a copy of your report. I would like a copy of my report.

(Check one) YES NO

SIGNATURE OF APPLICANT

DATE

ADDRESS

CITY

STATE

ZIP



**RIVERSIDE – SAN BERNARDINO
COUNTY INDIAN HEALTH, INC.**

11555½ Potrero Road
Banning, CA 92220
(909) 849-4761
(909) 849-5631 Fax

**APPLICATION
FOR
EMPLOYMENT**

An Equal Opportunity Employer

| | | | |
|---------------------------------------|-----------------------|----------------------|-------|
| PERSONAL INFORMATION | PLEASE PRINT | | |
| Position(s) applied for: _____ | | | |
| FULL NAME | | | |
| LAST | FIRST | MIDDLE | |
| _____ | _____ | _____ | |
| SOCIAL SECURITY NO. | | Birth-Date | |
| _____ - _____ - _____ | _____ | | |
| Home Address | | | |
| _____ | | CITY | STATE |
| _____ | | ZIP | |
| _____ | _____ | _____ | _____ |
| Home Phone | Business Phone | Email Address | |

- | | | | |
|--|------------------------------|--|------------------------------|
| Are you authorized to work in the USA? | YES <input type="checkbox"/> | If employed and under 18, can you furnish a work permit? | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> | | NO <input type="checkbox"/> |
| Have you filed an application here before? | YES <input type="checkbox"/> | Have you ever been employed here before? If so, when | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> | _____ | NO <input type="checkbox"/> |
| Can you travel if the job requires it? | YES <input type="checkbox"/> | Are you available to work nights and weekends if required? | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> | | NO <input type="checkbox"/> |
| Are you employed now: | YES <input type="checkbox"/> | Are you on a lay-off and subject to recall? | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> | | NO <input type="checkbox"/> |
| May we contact your previous/present employer(s)? | YES <input type="checkbox"/> | Are you a member of the Reserves, and subject to recall? | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> | | NO <input type="checkbox"/> |
| To your knowledge, are you an immediate relative of any member of the Board of Directors of Riverside-San Bernardino County Indian Health, Inc.? | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| Have you been convicted of or plead guilty to or no contest (no lo contendre) to an offense involving crimes of violence? | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |

If yes, please explain _____

Referred by Advertisement Friend Relative
 Employment Agency Walk-In Other

Date you can start _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):

Are you a Native American / Alaskan Native?

YES
NO

Can you perform the essential functions of this job with or without accommodations?

YES
NO

REASONABLE ACCOMMODATIONS: This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify us.

Signature

Education Record

High School
(Name, City, State)

Graduation Date

Degree

Business or Technical School
(Name, City, State)

Dates Attended

Degree, Major

Undergraduate College
(Name, City, State)

Dates Attended

Degree, Subject

Graduate School
(Name, City, State)

Work History (give information about your last 3 jobs, starting with the most recent)

| | | | |
|--------------------|-------|---------------------------|-----------------|
| Employer | _____ | Dates Employed | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Phone | _____ | Manager's Name & Title | _____ |
| Title / Duties | _____ | | |
| Reason for Leaving | _____ | Ending Salary | _____ |

| | | | |
|--------------------|-------|---------------------------|-----------------|
| Employer | _____ | Dates Employed | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Phone | _____ | Manager's Name & Title | _____ |
| Title / Duties | _____ | | |
| Reason for Leaving | _____ | Ending Salary | _____ |

| | | | |
|--------------------|-------|---------------------------|-----------------|
| Employer | _____ | Dates Employed | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Phone | _____ | Manager's Name & Title | _____ |
| Title / Duties | _____ | | |
| Reason for Leaving | _____ | Ending Salary | _____ |

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

State any additional information you feel may be helpful to us in considering your application

References (if applying for your first job, you may use academic references)

| | | | |
|------------|-------|---------------------|-----------------|
| Name | _____ | Relationship to you | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Home Phone | _____ | Work Phone | _____ |

| | | | |
|------------|-------|---------------------|-----------------|
| Name | _____ | Relationship to you | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Home Phone | _____ | Work Phone | _____ |

| | | | |
|------------|-------|---------------------|-----------------|
| Name | _____ | Relationship to you | _____ |
| Address | _____ | | |
| City | _____ | State | _____ Zip _____ |
| Home Phone | _____ | Work Phone | _____ |

PLEASE READ AND SIGN

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Riverside-San Bernardino County Indian Health, Inc. I understand and acknowledge receipt of the above conditions of employment and the requirements of Indian Preference, The Indian Child Protection and Family Violence Prevention Act, and Drug-Free Workplace Act of 1988.

SIGNATURE _____ DATE _____