

Sacramento Native American Health Center, Inc

2020 "J" Street
Sacramento, CA 95811



Telephone: (916) 341-0575
Fax: (916) 341-0574

Application for Employment

SNAHC is an equal opportunity employer and will not discriminate against any job applicant or employee on account of that individual's race, sex, color, religion, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical or mental disability, sexual preference, gender characteristic, or any other classification protected under federal, state, or local law.

PLEASE PRINT

Position(s) Applied For:	Date of Application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)		Email Address:	

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

Have you ever filed an application with us before? If yes, give date(s). _____ Yes No

Have you ever been employed with us before? If yes, give date(s). _____ Yes No

Do you have friends or relatives currently working at the health center? Yes No

If yes, state name(s) and relationship(s): _____

Are you currently employed? Yes No *If yes, may we contact your present employer?* Yes No

Can you travel if the job requires it? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *Proof of citizenship or immigration status will be required upon employment* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last seven years? Yes No
(Convictions for marijuana-related offenses that are more than two years old need not be listed)

If yes, state the nature of the crime(s), when and where convicted and disposition of the case(s):

(Conviction will not necessarily disqualify you from employment)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name			
Address			
Phone Number(s)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, additional schooling and skills you feel may be helpful to us in considering your application

Have you had any job related training in the United States Military? Yes No If yes, please describe. _____

Indicate any languages other than English that you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal race, religion, gender, national origin, age, ancestry, handicap or other protected status.

Professional References

List below three persons, not related to you who have supervised you (preferred) or have knowledge of your work performance within the last three years:

1	Name:	Occupation:
	Address:	Telephone Number:
	Work Relationship:	Number of Years Acquainted:
2	Name:	Occupation:
	Address:	Telephone Number:
	Work Relationship:	Number of Years Acquainted:
3	Name:	Occupation:
	Address:	Telephone Number:
	Work Relationship:	Number of Years Acquainted:

May an authorized SNAHC representative call your professional references?

Yes

No

Employment History

Start with your present or most recent job. Include any job-related military service assignments.

1	Employer	From	To	
			/ /	/ /
	Address			
	Telephone Number(s)			
	Job Title			
	Supervisor			
	Work Performed			
	Reason For Leaving			
2	Employer	From	To	
			/ /	/ /
	Address			
	Telephone Number(s)			
	Job Title			
	Supervisor			
	Work Performed			
	Reason For Leaving			
3	Employer	From	To	
			/ /	/ /
	Address			
	Telephone Number(s)			
	Job Title			
	Supervisor			
	Work Performed			
	Reason For Leaving			
4	Employer	From	To	
			/ /	/ /
	Address			
	Telephone Number(s)			
	Job Title			
	Supervisor			
	Work Performed			
	Reason For Leaving			

Employment Data Record

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.

Gender:

- Male
 Female

Birth date: _____ / _____ / _____

Ethnicity:

Part I:

Are you Hispanic or Latino? Yes No If your answer to this question is no or you wish to decline, please proceed to Part II.

Part II:

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacifica Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races-All persons who identify with more than one of the above five races |
| <input type="checkbox"/> White | <input type="checkbox"/> Decline |

Veteran Status:

- Vietnam Veteran Disabled Veteran Recently Separated Veteran Other Protected Veteran

Disabled Individual:

- Disabled Individual

Applicant's Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, 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.

Signature of Applicant

Date

Due to the nature of this organization, Indian Preference will be exercised in the hiring of this position in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applicants claiming Indian Preference must submit verification of Indian certified by tribe of affiliation or other acceptable documentation of Indian heritage.