Karuk Community Health Clinic

64236 Second Avenue Post Office Box 316 Happy Camp, CA 96039 Phone: (530) 493-5257 Fax: (530) 493-5270





Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue Post Office Box 1016 Happy Camp, CA 96039 Phone: (530) 493-2201

Fax: (530) 493-5364

	EMPLOYMENT	APPLICATION		
Position Applied For:			Desired Rate of Pay:	
Full Time Part Time	On Call Temporary Seas	sonal		
Name (First, MI, Last):	_	Names Used in the Past:	Social Security Number:	
Mailing Address (Street, City, Sta	is Address: ars include previous address:	Phone Number:		
Have you ever been employed by	Date Available:			
If yes, list date(s) of employment				
May we contact your present emp	oloyer? Yes No If n	o, explain:		
Do you claim Tribal Preference?	☐Yes ☐No	Have you ever served in the US N	Military? Yes No	
Are you married to a Karuk Tribal Member? Yes No Do you claim Veteran's Preference Property of the Cost of the Co			ce? Yes No	
Do you have a Karuk Member ch	ild under age 18? ☐Yes ☐No	If yes, attach a copy of your DD-		
Tribe: Roll Number: Are you able to perform the esset applied for either with or without			t a reasonable accommodation?	
			w rougonword woodming www.om.	
	ENT DOCUMENTATION RECEIVE PREFERENCE**			
♦ EMPLOYMENT HISTORY	Begin with present position and work bac	k <u>at least</u> five (5) years. The entire five (5) y	ear period must be accounted for without	
breaks; for periods of unemployment or schooling, list dates and "unemployed" or "attending school". Attach additional sheet Name and Address of Employer:			Phone Number:	
Start and End Date:	Starting and Ending Salary:	Supervisor's Name:	Reason for Leaving:	
Position Held and Work Performe	ed:			
②Name and Address of Employe	r:		Phone Number:	
1 3				
Start and End Date:	Starting and Ending Salary:	Supervisor's Name:	Reason for Leaving:	
Position Held and Work Performe	5q.			
3 Name and Address of Employe	r·		Phone Number:	
Orvaine and reducess of Employe	1.		Thone rumber.	
Start and End Date:	Starting and Ending Salary:	Supervisor's Name:	Reason for Leaving:	
Suit and Liid Date.	Suring and Linding Salary.	Supervisor 5 manie.	reason for Leaving.	
Desition Hold and World Device	.1.			
Position Held and Work Performe	eu.			

◆ EDUCATION: Inc	clude all colleges, univ	versities, technical, and vo	cational schools attend	ed.			
Are you a high school a ☐Yes ☐No	graduate or have you re	eceived your GED?	Name and Location of	of School/T	esting	Site:	
Type of School:	Name a	nd Address:	Coursework	or Maior:		Degree Earned:	
Type or sensor.	- Trume u	74 744 C55V		or major.		Degree Burnear	
Please list special traini	ing, certificates, or oth	er types of education you	have that pertains to the	e job applie	ed for:		
◆ OTHER INFORM							
Do you have a valid driver's license? Yes No Do you have a good driving record? Yes No In the past 3 years, have you been convicted of DUI or had your license suspended? Yes No					d Number:		
Are you currently on la	v-off and subject to re	call?			Yes	□No	
Can you travel if the jo		· · ·			Yes	□No	
		on of your legal right to w	ork in the US?	Ī	Yes	□No	
	·	her than your spouse) wor					
Except as required by a seriousness and nature	law, conviction of a cr e of the violation, reha	questions, provide all addi rime will not disqualify yo abilitation, and position a	u from employment. F oplied for will be consid	actors such dered when	h as ag 1 makil	e at time of the offense, ng employment decisions.	
		o, or been convicted of a cexpunged, vacated, set asic					
		e crime charged, the date of come of the conviction in		unty and st	ate or t	ribal reservation in which	
		no know you well. They sh list relatives or anyone wh					
•Name:		Dates Known (From-To):	Telephone 1	Numbe	er/Email:	
Address (Street, City, S	State ZIP):			Гуре of Ac	quainta	ance:	
❷Name:		Dates Known (From-To):	Telephone Number/Email:			
Address (Street, City, State ZIP):				Type of Acquaintance:			
Name:		Dates Known (From-To):	Telephone Number/Email:			
Address (Street, City, State ZIP):				Type of Acquaintance:			

◆ CERTIFICATIONS: Please read each item carefully and acknowledge your understanding by signing in the indicated location.

OCertification that my Answers are True:

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work.

2 Authorization to Investigate:

I authorize investigation of all statements contained on this application, and any attachments to it. I authorize the Tribe to secure information about my background experience with education institutions and any relevant agencies. I authorize those parties to provide information to the Tribe concerning my background and experience, and authorize a copy of this application to be provided to the TERO Department. I release the Tribe, and all parties providing information to the Tribe about my background and experience, from any and all liability whatsoever arising therefrom.

©Consent to Contact Past Employers:

I give permission to the Tribe to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers, managers and/or supervisors to discuss my relevant personnel and employment history with the Tribe, consent to the release of such information orally or in writing, and hereby release them from any and all liability whatsoever arising therefrom and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Tribe. To the fullest extent permitted by law, I further waive all rights I may have under applicable law to receive a copy of any written statement provided by any of my former employers to the Tribe. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

4 Consent to Contact Government Agencies:

I give permission to any agent, attorney or representative of the Tribe to receive a copy of any information contained in the file of any federal, tribal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and, to the fullest extent permitted by law, waive any right under applicable law concerning notification of the request for a release of such information. In the event an applicable law does not provide for prospective employers to have access to information, I hereby delegate the Tribe as my agent for receipt of information.

5Cooperation with Investigation:

I agree to fully cooperate with the Tribe's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law. I give permission to the Tribe to verify my Indian heritage and verify any tribal enrollment information that I have provided.

6 Falsification Statement:

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

©Employment "At Will":

In consideration of my employment, I agree to conform to the rules and regulations of the Tribe, and understand that my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Tribe or myself, except as otherwise provided by applicable law. Nothing in this application or in any oral or written statement provided to me by the Tribe will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such change is authorized in writing by a duly authorized representative of the Tribe.

8Release:

I release the Tribe, its officers, agents, directors, representatives, employees, attorneys and representatives from any and all claims, causes of action, judgments, liens, indebtedness, damages, obligations, losses, liabilities, or costs, which they may have, whether known or unknown, suspected or unsuspected, arising with this application for employment. I understand that this application is only valid for the position applied for at present and that the Tribe is not obligated to retain or consider this application for future openings. My signature below certifies that I understand that if I am extended an offer of employment by the Tribe, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses necessary for the position that I am offered. I also hereby subject myself to the jurisdiction of the Tribe and its governing system, including any enforcement or judicial proceedings or process that may be associated with the application for employment or any resulting employment relationship.

I have read each item; I understand and agree to all terms.				
Applicant's Signature	Date			
Printed Name				
♦ HOW DID YOU HEAR ABOUT THIS POSITION:	Check all that apply.			
Word of Mouth www.karuk.us/jobs/ Bulletin B	oard (In Office Posting) Newspaper: Other:			

BACKGROUND AUTHORIZATION FORM

PERSONAL INFORMATION
NAME: SSN:
**PREVIOUS NAMES USED:
HOME ADDRESS:
Street Address (No P.O. Boxes) City State Zip Code County
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?
PREVIOUS ADDRESS: Street Address (No P.O. Boxes) City State Zip Code County
HOW LONG AT PREVIOUS ADDRESS?
**DATE OF BIRTH: / / DRIVER'S LICENSE NUMBER: STATE:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST 10 YEARS? YesNo
IF YES, PROVIDE EXPLANATION (Year, County, Offense):
**THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS A CRITERIA IN THE HIRING PROCESS.
USED AS A CRITERIA IN THE HIRING PROCESS.
In connection with my application for employment (including contract for services) with you. I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.
I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, and employment history – may be made. If you are denied employment because of the consumer investigation, it is you're right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.
I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.
I release THE BACKGROUND NETWORK, INC. and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.
The above information is used solely for employment verifications, credit inquiries, and criminal history checks.
Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.
Signature: Date:/

Karuk Tribe Application Checklist

To ensure that your application will be properly considered for employment with the Karuk Tribe, you <u>MUST</u> attach documentation for the information that is requested on the employment application form. The Tribe's Human Resources department is not responsible for ensuring your application is complete upon submission.

- ✓ <u>Enrollment Documentation</u> to be considered for Tribal Preference you <u>must</u> attach documentation of your enrollment with a federally recognized tribe. The Tribe's Enrollment department is not allowed to submit your documentation for you.
- ✓ <u>Veterans Preference</u> You <u>must</u> attach a copy of your DD-214 to be considered for Veterans Preference. Without this documentation you will not be given Veteran's Preference.
- ✓ <u>Employment History</u> You should completely fill out your employment history even if you attach a resume with your application. It is important to include all information that is requested in this section.
- ✓ <u>Education</u> You <u>must</u> attach copies of your educational achievements including certifications, special training certificates, degrees, vocational certifications or other types of education that you have to document that you meet specific job description requirements.
- ✓ <u>Driver's License</u> You must provide the state and number of your Driver's License on your application. 99% of jobs at the Karuk Tribe require a Driver's License. Your application will be withdrawn from consideration without this information. If you do not have a Driver's License but expect to have one in the near future you should write down when you expect to have it.
- ✓ <u>References</u> You <u>must</u> include at least three (3) references on your application including their contact information.
- ✓ <u>Signature</u> You must sign your application or it will be withdrawn from consideration for employment with the Karuk Tribe.
- ✓ **Resume** while not required, it is a good practice to include a resume with your application.
- ✓ <u>Cover letter</u> while not required, it could prove beneficial to include a short cover letter with your application.
- ✓ <u>Reference Letters</u> while not required, it could prove beneficial to submit reference letters from former employers, associates or other individuals who you have worked with.

<u>For further job opportunity referrals be sure to complete the TERO Skills Bank application!</u>
Contact the TERO Department or go online to www.karuk.us and click on the TERO page