

Karuk Community Health Clinic

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

Karuk Tribe

**Karuk Dental Clinic**

64236 Second Avenue
 Post Office Box 1016
 Happy Camp, CA 96039
 Phone: (530) 493-2201
 Fax: (530) 493-5364

Administrative Office

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

EMPLOYMENT APPLICATION

| | | | |
|--|-----------------------------|---|---------------------|
| Position Applied For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | | Desired Rate of Pay: | |
| Name (First, MI, Last): | | List Any Other Names Used in the Past: | |
| Mailing Address (Street, City, State ZIP): | | How Long at this Address: If less than 5 years include previous address: | |
| Have you ever been employed by the Karuk Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) of employment and position(s) held: | | Social Security Number: | |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, explain: | |
| Do you claim Tribal Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you married to a Karuk Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Karuk Member child under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you ever served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you claim Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach a copy of your DD-214 demonstrating proof.</i> | |
| Tribe: _____ Roll Number: _____ **COPY OF ENROLLMENT DOCUMENTATION MUST BE ATTACHED TO RECEIVE PREFERENCE** | | Are you able to perform the essential functions of the position applied for either with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ◆ EMPLOYMENT HISTORY: Begin with present position and work back <u>at least</u> five (5) years. The entire five (5) year period must be accounted for without breaks; for periods of unemployment or schooling, list dates and "unemployed" or "attending school". Attach additional sheets if necessary. | | | |
| ① 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 Performed: | | | |
| ② 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 Performed: | | | |
| ③ 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 Performed: | | | |

◆ EDUCATION: *Include all colleges, universities, technical, and vocational schools attended.*

| | | | |
|---|--------------------------|---|-----------------------|
| Are you a high school graduate or have you received your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name and Location of School/Testing Site: | |
| Type of School: | Name and Address: | Coursework or Major: | Degree Earned: |
| | | | |
| | | | |
| | | | |

Please list special training, certificates, or other types of education you have that pertains to the job applied for:

◆ OTHER INFORMATION:

| | |
|---|--|
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | State and Number: |
| Do you have a good driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| In the past 3 years, have you been convicted of DUI or had your license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently on lay-off and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you travel if the job requires it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you, after employment, submit verification of your legal right to work in the US? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List names of immediate family members (other than your spouse) working for us: | |
| | |

◆ CRIMINAL BACKGROUND: *For all questions, provide all additional information in the space provided or on a separate sheet. Except as required by law, conviction of a crime will not disqualify you from employment. Factors such as age at time of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered when making employment decisions.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime as an adult? (Note: Do not include infractions, or convictions that have been annulled, erased, expunged, vacated, set aside, sealed by a court, or referred to a diversion program.)
 Yes No

If the answer is yes, describe the nature of the crime charged, the date of the conviction, the county and state or tribal reservation in which you were convicted and the disposition or outcome of the conviction in the space below.

◆ REFERENCES: *List three (3) people who know you well. They should be good friends, peers, roommates, etc. who have known you for at least the last five (5) years. Try not to list relatives or anyone who is listed elsewhere on this application (ex; Supervisors).*

| | | |
|------------------------------------|------------------------|-------------------------|
| ① Name: | Dates Known (From-To): | Telephone Number/Email: |
| Address (Street, City, State ZIP): | | Type of Acquaintance: |
| ② Name: | Dates Known (From-To): | Telephone Number/Email: |
| Address (Street, City, State ZIP): | | Type of Acquaintance: |
| ③ 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.

① Certification 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.

③ 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.

⑤ Cooperation 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.

⑦ 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.

⑧ Release:

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 Board (In Office Posting) Newspaper: Other: