
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



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

Attention: College Students

Internship Program Announcement

Title: Intern

Reports To: Karuk Tribe Director in your field of study, if available

Location: To be Assigned

Salary: First Year \$12, Second \$13, Third \$14, Fourth \$15

Classification: Internship, Seasonal, Variable Hours

Summary: College and/or vocational students that are interested in interning with the Karuk Tribe in their field of study should apply for consideration. Once accepted into our Internship program, students who work successfully within the program will be offered continued employment as an intern during their school breaks each year.

All interested students, including returning college interns, please use the attached application.

Application Deadline: May 3, 2019

The Karuk Tribe's **(TERO) Preference and Drug & Alcohol Policy** apply. If selected applicants must successfully pass a drug screening test and be willing to submit to a criminal background check.

Any other questions please feel free to contact:

Vickie Simmons, Human Resources Director
Telephone (530) 493-1600 ext. 2041
Fax: (855) 437-7888,
Email: vsimmons@karuk.us

Internship Program Application

Applicant Information - All

Full Name: _____ Date of Birth: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ - - Tribal Affiliation & Roll Number: _____

Position or Department Applying for: _____

Education – First Year Applicants Only

Include all colleges, universities, technical, and vocational schools attended or currently attending:

High School/ GED: _____ Location of School: _____

| Type of school: | Name & Address: | Coursework or major: |
|-----------------|-----------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

Reference Information – First Year Applicants Only

You are required to have letters of recommendation. These letters of recommendation should be from individuals who are not related and should focus on one or more of the following areas:

- ✓ *Specific skills that you have related to your program of choice*
- ✓ *Ability to communicate well with others*

- ✓ *Enthusiasm and attitude towards learning (academic and/or program specific)*
- ✓ *Teamwork*
- ✓ *Problem solve and think critically*
- ✓ *Professionalism in school and/or the work setting*

Provide the names of whom you have asked to complete your recommendation:

(Do not forget to attach the two letters!)

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Company: _____ Phone: _____
 Address: _____

Criteria – First Year Applicants Only

For the application to be considered the following must be included:

1. An essay, expressing your interest in working for the tribe and how you would continue to be an attribute after you graduate. What would you want to learn from an internship experience that you would bring back to serve our people and make our tribal communities stronger?
2. A resume
3. Copy of college transcript
4. Copies of any awards, honors, community service, etc.

Criteria – Returning Interns Only

1. Current copy of college transcript

Other Information

Do you have a valid driver's license: _____ State & Number: _____
 Do you have a good driving record? _____
 In the past 3 years, have you been convicted of DUI or had your license suspended? _____
 Are you currently on lay-off and subject to recall? _____
 Can you travel if the job requires it? _____
 Can you, after employment, submit verification of your legal right to work in the US? _____
 List names of immediate family members working for us: _____

Criminal Background

For all questions, please provide all additional information in the space provided or on a separate sheet. Except as provided by law, conviction of a crime will not disqualify you from employment. Factors such as age at time of offense, seriousness and nature of 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.) _____

If the answer is yes, describe the nature of the crime charged, the date of 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.

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 attached 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 the application or its attachments may be grounds for not hiring me, or firing me after I begin work.

2. Authorizations 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, government 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 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. Cooperate 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 any 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 the 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 is 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 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:**

Word of mouth: Karuk.us : Bulletin Board (In-office posting): Newspaper: Other: