



# *Chapa-De*

## *Indian Health Program, Inc.*

Dear Applicant,

Thank you for your interest in Chapa-De Indian Health Program. Enclosed you will find important information about our agency and the job for which you are applying.

**Please read the following instructions before completing the application for employment.**

- A. Applications must be completed in full. Please indicate the exact position title in the space provided on the front page of the application.
- B. Resumes are to support an application and will not be processed without a completed Chapa-De application.
- C. Applications must be written in ink. Be as accurate and legible as possible.
- D. Applicants must provide all relevant information regarding education and work experience, places and dates of employment, position(s) held, duties and responsibilities.
- E. Submit completed applications by mail, fax, email or hand deliver to:

Chapa-De Indian Health Program, Inc.  
11670 Atwood Road  
Auburn, CA 95603  
**Attention: Human Resources**

Fax # (530) 889-8169

Email [cfocht@chapa-de.org](mailto:cfocht@chapa-de.org)

Application intake hours: Monday – Friday: 8:00 a.m. – 5:00 p.m.



# CHAPA-DE INDIAN HEALTH PROGRAM, INC.

## EMPLOYMENT APPLICATION

Please Print or Type

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Other Names Used: \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_

Address

City

State

Zip

Mailing Address (if different from current address)

Address

City

State

Zip

Tribal Affiliation (if applicable)  NO  YES \_\_\_\_\_ (If yes, please attach verification)

Position applying for: \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

### PERSONAL INFORMATION

Have you ever applied to or worked for CDIHP in the past? If yes, when? \_\_\_\_\_  YES  NO

Do you have any relatives who have ever worked for CDIHP? If yes, state name(s) and relationship \_\_\_\_\_  YES  NO

If hired, would you have a reliable means of transportation to & from work? \_\_\_\_\_  YES  NO

Are you at least 18 years old? \_\_\_\_\_  YES  NO

Are you able to perform the essential functions of the job for which you are applying? \_\_\_\_\_  YES  NO

If no, describe below the functions that can not be performed: \_\_\_\_\_

Do you speak, write or understand any foreign languages? \_\_\_\_\_  YES  NO

If yes, which language(s)? \_\_\_\_\_

We comply with all ADA requirements. Hire may be subject to passing a medical examination and/or skill agility tests.

Have you ever been convicted of a crime?  YES  NO

(Under California law, you may exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case(s) was dismissed.)

If yes, briefly describe the nature of the crime(s), the date and place of convictions and the legal disposition of the case:

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CDIHP will not deny employment to any applicant solely because the person has been convicted of a crime. CDIHP, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

<b>EDUCATION</b>				
<b>School</b>	<b>Name and Address</b>	<b>Years Completed</b>	<b>Did you Graduate?</b>	<b>Degree or Diploma</b>
High School				
Colleges/Universities				
Vocational				
Other				

**TRAINING**

Do you have any other experience, training, qualifications or other skills which are important to the position for which you are applying? If so, please explain:

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**EXPERIENCE**

Are you licensed/certified for the position?  YES  NO  NA

If yes, list the name, number, issuing state and effective date of license/certification: \_\_\_\_\_

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If the position for which you are applying requires a license/certification, has it ever been revoked or suspended?  YES  NO

If yes, state reason(s), date of revocation or suspension and disposition

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**EMPLOYMENT HISTORY**

List below all employment for the last ten years starting with your most recent employer. Account for all periods of unemployment. **This section must be complete, even if attaching a resume. Attach additional pages if necessary.**

**Name of Employer:** \_\_\_\_\_

Date Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position Title and Duties: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  YES  NO

**Name of Employer:** \_\_\_\_\_

Date Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position Title and Duties: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  YES  NO

**Name of Employer:** \_\_\_\_\_

Date Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position Title and Duties: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  YES  NO

**MILITARY SERVICE**

**Dates** From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Discharged?  YES  NO

**REFERENCES**

List below three persons not related to you who have knowledge of your work history within the last three years.

Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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**AN EQUAL OPPORTUNITY EMPLOYER**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my candidacy 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 document 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.

\_\_\_\_\_  
Initials

I hereby authorize CDIHP to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CDIHP any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CDIHP, my employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted, is intended to create an employment contract between me and CDIHP.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_