

**REQUIRED APPLICATION QUESTIONNAIRE FOR
K'IMA:W MEDICAL CENTER
CHILD CARE AND INDIAN CHILD CARE WORKER POSITIONS**

POSITION(S) VACANCY YOU ARE APPLYING FOR: _____

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, require a criminal record check for positions that involve regular contact with or control over Indian children.

1. Have you ever been arrested for or charged with a crime involving child: (If "yes", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)
 Yes No

 2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal, State, or tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against person? (If "yes", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)
 Yes No
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I certify that I have been notified by K'ima:w Medical Center that an FBI check, including fingerprints and National Agency Check and Inquiries will be required as a condition of employment. I further understand that retention in this position is contingent upon satisfactory results from this investigation. I understand my right to obtain a copy of any criminal history report made available to K'ima:w Medical Center, and my right to challenge the accuracy and completeness of any information contained in the reports.

I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, Human Resource Director, and other authorized employees of K'ima:w Medical Center.

I certify that, to the best of my knowledge, all statements are true, correct, complete, and made in good faith. I understand that intentional false statements may be grounds for not hiring me or for firing me after I begin work and may be punishable by fine or imprisonment. (U.S. Code, Title 18, Section 1001).

Employee/Applicant Signature (sign in ink: do not print)

Date (month, day, year)

Typed or Print Name

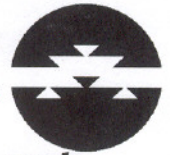
Social Security Number

**MUST HAVE ORIGINAL SIGNATURE AND CURRENT DATE
Telefaxed Copies Will Not Be Accepted**

EMPLOYMENT & VOLUNTEER APPLICATION

K'ima:w Medical Center

An entity of the Hoopa Valley Tribal Council



Please Type or Print

P.O. Box 1288 • Hoopa, CA 95546 • (916) 625-4559

Position applied for _____ Date _____

The period during which the application will be considered active is limited and individuals must re-apply for any open position after the expiration date.

Name:	Social Security Number:
Telephone: Home: () () Work: () ()	Work Permit No. (If a minor and applicable)
Mailing Address:	City State Zip

Have you ever worked with the K'ima:w Medical Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you, after employment, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary requirement: _____ Have you ever worked for K'ima:w Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when? _____ Give position: _____
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Is Indian preference requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Verification	Tribe: _____ Roll Number: _____	Veterans Preference <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach verification)
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Check time willing to work:
 Full time Part-time Hours per week: _____ Days Evenings No. of days per week: _____
 Overtime occasionally if necessary

If offered employment, when can you start? _____
 What is your anticipated length of employment? _____
 Have you given notice to your present employer? Yes No

Have you ever been bonded? Yes No Do you know of any reason why you cannot be bonded?

EDUCATION

Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last High School Attended: _____ Address: _____
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College, Trade School or Special Training

Name of School	Address	Dates Attended	Type & year of Degree/Certificate	Major

CERTIFICATES OR LICENSES (Attach copy) CPR Certified: Yes No

Type: X-ray R.N. L.V.N. Lab Tech. EMT Paramedic Other # _____ **Give Expiration Date:** _____
Date earned _____ **State issued** _____ **Positions Requiring Driving: Attach a copy of your valid CA Drivers License**
 Are all certificates current? Yes No

PAST EMPLOYMENT HISTORY Please list your employers, starting with your most recent position.
 Continue on separate sheet if necessary May we contact your present employer Yes No Resume attached

From	Name and Address of Company:		
To	Position & Primary Duties Performed:		
	Immediate Supervisor:	Reason for leaving:	
From	Name and Address of Company:		
To	Position & Primary Duties Performed:		
	Immediate Supervisor:	Reason for leaving:	
From	Name and Address of Company:		
To	Position & Primary Duties Performed:		
	Immediate Supervisor:	Reason for leaving:	

Job related training, honors/awards, accomplishments: (Title/Year)

EXPERIENCE & SKILLS

Have you had experience in the following:

Word Perfect	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Computer problem solving/ programming	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
MS Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Insurance Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Other computer programs	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Professional Medical Applicants Only	
Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Set-up and assist with minor surgeries.	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Typing (W.P.M._____)	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Do EKG's	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Filing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Do venipunctures	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Heavy phones	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Do throat cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Schedule appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Urinalysis by dipstick	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Know medical terminology	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Microscopic urinalysis	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Transcription from tape	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Give injections	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Computer Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	Supply & instrument inventory/ordering	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____
Data entry (speed _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____	List any other procedures with which you have assisted:	
Account Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No Years:_____		

In addition to your work experience and other information above, what other experience, skills, qualifications would specifically prepare you to work with K'ima:w Medical Center?

Personal References:

Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:

Employment Application Disclaimers

Initial	<i>The K'ima:w Medical Center is an equal opportunity employer. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. Employee selection is consistent with the Hoopa Tribal TERO Ordinance. Applicants selected will be subject to alcohol and drug testing pursuant to the Hoopa Tribe's Alcohol and Drug Policy.</i>
Initial	<i>All applicants to positions located at an KMC facility shall provide documentation of immunity to Measles and Rubella, and of annual PPD prior to or at the time of their entrance on duty. Employees or volunteers subject to this policy who are not immune to Rubella and Measles and refuse the recommended vaccine(s) are subject to be reassigned or removed from their position. I understand that as a condition of employment or volunteering I will be required to take a post-offer pre-employment physical examination which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the medical center or its agents, all medical information revealed during such examinations. I further authorize the medical center to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will so inform the medical center so that a reasonable accommodation can be made. The medical center reserves the right to require medical documentation concerning the need for accommodation.</i>
Initial	<i>I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the U.S.</i>
Initial	<i>I declare under penalty of perjury that the facts contained in the application (or resume or other documents submitted) are true and complete to the best of my knowledge. I certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment or volunteering, if discovered at a later date.</i>
Initial	<i>I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application from (and accompanying resume or other documentation, if any) to provide the medical center with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.</i>

Applicant Signature:

Date: