



# California Consortium for Urban Indian Health

1016 Lincoln Blvd. Ste 111 · San Francisco, CA 94129 · 415-345-1205  
CCUIH 2020 J Street · Sacramento, CA 95811 · www.ccuuh.org · info@ccuuh.org

## Application for Employment

We consider applicants for employment without regard to race, color, age, religion, gender, national origin, disability, marital or veteran status sexual orientation, medical condition or the conditions of Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

### PLEASE PRINT

Position(s) Applied For:	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		
Telephone Number	E-mail Address:	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? If yes, give date(s). \_\_\_\_\_  Yes  No

Have you ever been employed with us before? If yes, give date(s). \_\_\_\_\_  Yes  No

Do you have friends or relatives working for the company?  
If yes, state name(s) and relationship(s): \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No *If yes, may we contact your present employer?*  Yes  No

Can you travel if the job requires it?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? *Proof of citizenship or immigration status will be required upon employment*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

I understand upon a conditional offer of employment, I may be required to submit Conviction History Information and/or be subject to a background check.  Yes  No

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name			
Address			
Phone Number(s)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, additional schooling and/or skills that are relevant when considering your application

### List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal race, religion, gender, national origin, age, ancestry, handicap or other protected status.*

## Professional References

List below three persons, not related to you, who have supervised you (preferred) or have knowledge of your work performance within the last three years:

1	Name	Job Title
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted
2	Name	Job Title
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted
3	Name	Job Title
	Address	Telephone Number
	Work Relationship	Number of Years Acquainted

May an authorized CCUIH representative call your professional references:

Yes

No

# Employment Experience

Start with your present or most recent job.

1	Employer	From	/	/	To	/	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						
2	Employer	From	/	/	To	/	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						
3	Employer	From	/	/	To	/	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						
4	Employer	From	/	/	To	/	/
	Address						
	Telephone Number(s)						
	Job Title						
	Supervisor						
	Work Performed						
	Reason For Leaving						

# Employment Data Record

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.

Birth date:

  
/ /

Gender:

 Male Female

## Ethnicity:

Please identify yourself by selecting one category below. If you belong to more than one category, please select 'Two or More Races.'

American Indian/Alaska Native

Asian

Hispanic or Latino

Native Hawaiian or Pacific Islander

Black or African American

Two or More Races - All persons who identify with more than one of the above five races

White

Decline

## Veteran Status:

Vietnam Veteran

Recently Separated Veteran

Disabled Veteran

Other Protected Veteran

## Disabled Individual:

Disabled Individual

## Applicant's Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances 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 documents 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Due to the nature of this organization, Indian Preference will be exercised in the hiring of this position in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applicants claiming Indian Preference must submit verification certified by tribe of affiliation or other acceptable documentation of Indian heritage.