

APPLICATION  
FOR  
EMPLOYMENT

Tuolumne Me-Wuk Indian Health Center, Inc.  
18880 Cherry Valley Blvd  
Tuolumne, CA 95379

Phone: 209-928-5481      Fax: 209-928-5419

An Equal Employment Opportunity Employer

# PERSONAL INFORMATION

(Please Type or Print)

Date: \_\_\_\_\_

Full Name	Last	First	Middle
Current Address	City	State	Zip
Telephone (_____) _____	Message Phone (_____) _____		
Work Phone (_____) _____	May we call you at work?	YES	NO
Position applying for:			
Will you accept:		What is your salary requirement?	
<input type="checkbox"/> Full-Time?	<input type="checkbox"/> Part-Time?	<input type="checkbox"/> Temporary?	<input type="checkbox"/> Intermittent?
<input type="checkbox"/> Night?	<input type="checkbox"/> Saturdays?	<input type="checkbox"/> Sundays?	
What date will you be available to start employment? _____			
How did you find out about this position?			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> California EDD <input type="checkbox"/> Other (please specify) _____			

## CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

- |    | Yes                      | No                       |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.)   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid California driver's license? <b>(A current DMV printout is required)</b>  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.)   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) A conviction will not necessarily be a bar to employment – all factors involved will be considered. If yes, when, where and disposition of case: _____<br>_____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying?   |

## EDUCATION/TRAINING

1. Name and location of schools (high school, college, trade, business or correspondence)

Name	Location	Graduate?	Subjects Studied	Degree

2. **Special Training:** List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.

3. **Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, typing, steno or software certificates, professional registration, etc.

Title	State	Number	Date Issued	Date Expires
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Languages which you can fluently: Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_.

## EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB. Show promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information on a separate sheet and attach to this application.

IMPORTANT: Check box (☐) if the job gave you specific experience in the position for which you are applying.

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Employer's Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Dates of Work  
From \_\_\_\_\_ Address \_\_\_\_\_  
Mo. Yr.  
Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
To \_\_\_\_\_ Your Title \_\_\_\_\_ Wage (hr/mo) \_\_\_\_\_  
Mo. Yr.  
Full-Time  Part-Time   
Hrs. per Week \_\_\_\_\_ Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  
Yes  No  Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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From \_\_\_\_\_ Address \_\_\_\_\_  
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Mo. Yr.  
Full-Time  Part-Time   
Hrs. per Week \_\_\_\_\_ Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  
Yes  No  Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
May we contact this employer?  
Yes  No  Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any part or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information for the Tuolumne Me-Wuk Tribe and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at Tuolumne Me-Wuk Tribe is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by Tuolumne Me-Wuk has no specific term and may be terminated by the employee or Tuolumne Me-Wuk Tribe with or without notice. I acknowledge that Tuolumne Me-Wuk Tribe has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Tuolumne Me-Wuk Tribe, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individuals, company, business institution or government agency from all liability with regard to furnishing information to Tuolumne Me-Wuk Tribe. I agree to release and hold harmless Tuolumne Me-Wuk Tribe from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Tuolumne Me-Wuk Tribe may be terminated.

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

\_\_\_\_\_  
Date

**Indian Preference**      **Claimed** \_\_\_\_\_      **Not Claimed** \_\_\_\_\_

Note: You must provide proof of Indian or tribal enrollment with viable documents with your application to be considered for Indian Preference.

All employment with the Tuolumne Band of Me-Wuk Indians is contingent on pre-employment drug test and background check results.