



Oklahoma City Area Inter-Tribal Health Board

Application for Employment

Mail application to: Oklahoma City Area Inter-Tribal Health Board Attn: Human Resources Department P.O. Box 5826 Edmond, OK 73083	Phone: (405)951-6009 Fax: (405)951-3902 Web address: www.ocaithb.org
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Vacancies currently open for recruitment are posted on the OCAITHB website at www.ocaithb.org. Applications are accepted for vacancies during the announced posting period only. Please do not substitute a resume for this application (resumes may be attached as additional information only).

Position Applying for:

Date available for employment:

Last Name	First Name	Middle Initial
Street Address	City	State
Home Phone () ()	Cell Phone () ()	May we contact you at work for interview purpose? If yes, please provide work phone. () ()

Email address:

Are you currently a OCAITHB employee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you previously worked for OCAITHB?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you 18 years or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you eligible for employment in the United States of America?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you willing to travel?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you able to perform the essential functions listed in the job announcement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Education:
 Verification of high school education is ONLY required if qualifications for employment exclude a college education. In order to meet application deadline, copies of official transcript, diploma, or certificates are required.

High School	Location (City)	Location (State)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			Graduate/G.E.D.			
College or University	Location (City & State)	Dates (From/To) / to /	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			Graduate			
Degree Title	Date	Major	Credit Hours			
Other Training	Location (City & State)	Dates (From/To) / to /				
Other Training	Location (City & State)	Dates (From/To) / to /				
Other valid professional licenses and certificates	Type of License:	Issuing State	Registration No.:	Expiration Date		

Names of relatives employed by OCAITHB	Relationship
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what were you convicted of? _____ NOTE: A conviction will not necessarily bar you from employment and will be considered only if it relates reasonably to the job duties.	
Special qualifications and skills (skills with machines, software competencies, your most important publications, public speaking experience, membership in a professional or scientific society, etc.) Use additional pages if needed.	

Previous Employment This section must be completed in detail. A resume will not substitute for a completed OCAITHB application. Beginning with your present or most recent employment, list work experience gained during the past 10 years. Include any periods of self-employment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach additional sheets.

Job Title		Employer's Name and Address	
Supervisor's Name		Employer's Name and Address	
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Present/Ending Salary \$	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			

Reason for leaving:

References: List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for this position.		
Name	Phone number	Occupation
1.	()	
2.	()	
3.	()	

I certify that all statements on my application materials are true to the best of my knowledge and may be subject to verification. In consideration of OCAITHB's review of my application for employment, I hereby authorize OCAITHB and its agent to investigate my background of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to OCAITHB, by all persons and sources of information and their agents, relative to such investigations. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the OCAITHB, and release the OCAITHB and its agents from any liability or damages on account of having conducted the investigation. I understand that nothing in my application is intended to imply or create an employment relationship or contract for employment. Further, I understand that at the time of hire I will be required to provide documentation that authorizes me to work in the United States of America.

Signature:	Date:
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Oklahoma City Area Inter-Tribal Health Board

Affirmative Action Form

The following information is requested for purposes of obtaining data that will enable us to follow the OCAITHB Affirmative Action policies and let us know how you learned about this job. All information you provide is confidential and any disclosure of your Social Security Number, gender, ethnic group/race is voluntary. Disclosing your Social Security Number is voluntary but will be required upon hiring.

Name:

Social Security Number

LAST

FIRST

M.I.

Mailing Address

STREET

APT#

CITY

STATE

ZIP CODE

() -

() -

HOME PHONE NUMBER

ALTERNATE NUMBER

E-MAIL ADDRESS

Gender: Female Male

Referral Source: How did you learn about this position? Mark all boxes applicable from the list below.

- Job Line
- Employment Centers
- OCAITHB Web Site
- Community Center
- Employee referral
- Friend/word of mouth
- Community agency or group referral: specify _____
- Other Web Site _____
- Newspaper: specify _____ date: _____
- Other: _____

Affirmative Action Data

Ethnic Group/Race (Voluntary)

Please mark only ONE ethnic group with which you most identify.

- African American/Black:** Persons having origins in any of the black racial groups of Africa.
- American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
- White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

Disability

Do you meet the following disability definition? YES NO A disability is a permanent physical, mental or sensory condition that substantially limits one or more of your major life activities. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. "Substantially limits" means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

Will you need accommodation in the application or testing process? YES NO

If you checked the "YES" box, the human resources staff person coordinating this recruitment will send you a request asking for additional information.

Veteran Status

Dates Served: _____ to _____.

Vietnam-era Veteran YES NO

[Percent of disability: _____%] "A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

Special Disabled Veteran YES NO

[Percent of disability: _____%] "A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability."

Indian Preference

Except as provided by Title 25, U.S.C. §4503(b), which allows for Indian preference in hiring, the OCAITHB does not discriminate on the basis of race, color, national origin, sex, creed, age, physical or mental handicap, marital status, sexual orientation, politics, membership or non-membership in an employee organization.

If you are an American Indian, Alaska Native, Aleut, or Eskimo from a U.S. Federally recognized tribe, you may be eligible to claim Indian preference. Documentation of BIA or Tribal enrollment in a Federally recognized tribe will be required to determine Indian Preference.

Do you wish to claim Indian preference? Yes No

If yes, is documentation attached? Yes No *(If no, documentation must be provided prior to employment.)*

I certify that the information provided above is true, accurate, correct, and complete and may be subject to verification. I understand that falsification of any information requested above may disqualify my application and/or be grounds for dismissal.

In consideration of OCAITHB's review of my application for employment, I hereby authorize OCAITHB and its agent to investigate my background of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to OCAITHB, by all persons and sources of information and their agents, relative to such investigations. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the OCAITHB, and release the OCAITHB and its agents from any liability or damages on account of having conducted the investigation.

SIGNATURE _____

DATE _____