



Employment Application

Please type or print clearly. Answer each question truthfully and completely. False statements may be cause for rejection of your application or termination from employment regardless of the time elapsed before discovery. Sign and date the application as provided on the final page. No application will be accepted unless signed. Thank you for your interest in employment at Rolling Hills Clinic.

1. Applicant Information

Last Name _____		First Name & Middle Initial _____		
Home Phone _____	Cell Phone _____	E-Mail Address _____		
Street Address _____		City _____	State _____	Zip _____
Mailing Address (if different) _____		City _____	State _____	Zip _____
Tribal Affiliation* (if applicable) _____	Roll Number* (if applicable) _____	*MUST include documentation with application		

2. Position & Location Details

Position Title for which you are Applying _____		Department _____	
Select the Clinic Location:	<input type="checkbox"/> Red Bluff	<input type="checkbox"/> Corning	

3. General Information

Type of Employment Desired: Full Time Part Time Temporary

If applying for a Part-Time or Temporary position, please list the days and times you are available:

What is your primary language? _____ Please check your proficiencies: Read Write Speak

What is your second language? _____ Please check your proficiencies: Read Write Speak

Yes No

If hired, can you present evidence of U.S. citizenship or proof of your legal rights to live and work in the U.S?

Can you perform the essential functions of the job with or without accommodation?

Have you ever been employed by RHC? If yes, please indicate dates of employment:

Do you have any friends or relatives employed by RHC? If yes, please provide their name and relationship:

Have you ever been discharged from any employment or forced to resign? If yes, please explain:

4. Education

A. Secondary

High School Name _____ Address, City and State _____ Highest grade completed _____ Diploma Earned?
 Yes No

If you have a high school equivalent diploma (G.E.D.), state the name and phone number of the issuing agency: _____

B. Post-Secondary

Name, location, and degree attained from colleges, universities, graduate schools, or technical schools attended:

School Name	Major	Graduated: Yes	No	Degree Granted
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. Licenses and Certificates

If you hold any professional licenses, vocational licenses, or certificates, please list and include license numbers:

5. Employment History

Account for work experience during the last 10 years and describe specific duties that are relevant to the position for which you are applying. To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience. It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a resume only for the duties description. Enter the most current employer first.

1. _____ - _____
Dates of Employment Employer's Name Address

_____ _____ _____ _____
Job Title FT/PT Rate of Pay Supervisor's Name & Phone Number

Description of Duties

Reason for Leaving

2. _____ - _____
Dates of Employment Employer's Name Address

_____ _____ _____ _____
Job Title FT/PT Rate of Pay Supervisor's Name & Phone Number

Description of Duties

Reason for Leaving

5. Employment History (Continued)

3. _____ - _____
Dates of Employment Employer's Name Address

Job Title FT/PT Rate of Pay Supervisor's Name & Phone Number

Description of Duties

Reason for Leaving

4. _____ - _____
Dates of Employment Employer's Name Address

Job Title FT/PT Rate of Pay Supervisor's Name & Phone Number

Description of Duties

Reason for Leaving

5. _____ - _____
Dates of Employment Employer's Name Address

Job Title FT/PT Rate of Pay Supervisor's Name & Phone Number

Description of Duties

Reason for Leaving

6. References Please list at least three professional references.

1. _____
Reference Name Relationship Phone Number

Years Known Company Name & Address

2. _____
Reference Name Relationship Phone Number

Years Known Company Name & Address

3. _____
Reference Name Relationship Phone Number

Years Known Company Name & Address

7. Acknowledgement

_____ Initial

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish Rolling Hills Clinic any and all information concerning my previous employment, education, and qualifications for employment. I also authorize Rolling Hills Clinic to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which may be changed, withdrawn, added or interpreted any time, at Rolling Hills Clinic's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

_____ Initial

I understand the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in granting of an interview is intended to create a contract between myself and Rolling Hills Clinic for either my employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the forgoing is binding on the company unless made in writing and signed by myself and an authorized representative of the company.

_____ Initial

I understand that all final applicants receiving job offers for positions, including full-time, part-time, and temporary, will have job offers conditioned on satisfactory passing of a drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for 12 months after positive testing results.

_____ Initial

Rolling Hills Clinic (RHC), under the Indian Preference Act (Title 25, U.S. Code Section 472 & 473), provides preference in filling vacancies to Native American applicants. In other than the above, RHC is an equal opportunity, affirmative action employer, and does not discriminate in employment decisions based on race, color, religion, gender, national origin, age, disability, or sexual orientation, in accordance with state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

_____ Applicant Name (*print*)

_____ Applicant Signature

_____ Date

8. Attachments & Further Documentation

Please provide the following additional documentation depending on the position for which you are applying. If you are selected to proceed with the interview process, we will notify you to arrange a mutually acceptable interview time. Your interest in employment at Rolling Hills is appreciated.

- Resume - if you have one
- If the position for which you are applying requires a current Driver's License, please provide a copy of your license and current DMV printout
- If the position for which you are applying requires a professional license, and/or certification (example: Certified Medical Assistant, Dentist, LCSW, etc.), please provide a copy of your license or certificate
- If your license has ever been suspended, revoked or cancelled, please provide an explanation on an attached piece of paper
- If you are applying for a position where you would be writing prescriptions, please provide a copy of your DEA certificate
- Please include any other documentation which will present your qualifications to our interview committee