



## 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.

### 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	
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License State: _____ # _____		

### 2. Position & Location Details

Position Title for which you are Applying \_\_\_\_\_ Department \_\_\_\_\_ Clinic Location (Red Bluff or 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    Supervisor's Name & Phone Number  
\_\_\_\_\_  
Description of Duties  
\_\_\_\_\_  
Reason for Leaving

2. \_\_\_\_\_ - \_\_\_\_\_  
Dates of Employment    Employer's Name    Address  
\_\_\_\_\_  
Job Title    FT/PT    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    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

\_\_\_\_\_    I certify that the information contained in this application is correct to the best of my knowledge. I understand  
Initial    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.

\_\_\_\_\_    I understand the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of  
Initial    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,

## 7. Acknowledgement (Continued)

\_\_\_\_\_ Initial 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 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