



ROLLING HILLS CLINIC EMPLOYMENT APPLICATION

Thank you for your interest in Rolling Hills Clinic.

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.

1. Applicant Information *(please print):*

Last Name

First Name & Middle Initial

Home Phone

Cell Phone

Email Address

Street Address

City, State, Zip

Mailing Address *(if different from above)*

City, State, Zip

2. Native American Indian Preference:

Native American Indian Preference in hiring is given to qualified Native Americans in accordance with Rolling Hills Clinic's policy. Applicants claiming Indian Preference are encouraged to submit verification of Indian Blood certified by tribe of affiliation or other acceptable documentation of Indian heritage. **Are you an enrolled member of a federally recognized Native American Indian Tribe?** Yes No
If so, what federally recognized tribe?

Tribe of Membership

Roll Number

Certificate of Indian Blood (CIB)

State Where Enrolled

3. Position & Referral Source

Position/Title for which you are applying

Clinic Location: Red Bluff Corning

Desired Salary: _____

How did you hear about us? _____

If referred by a current employee, please list name of referring employee: _____

4. 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

Y N

If hired, can you present evidence of US citizenship or proof of legal right to live and work in the US?

Y N

Are you over the age of 18?

Y N

Have you ever been employed with Rolling Hills Clinic? If yes, please indicate dates of employment: _____

Y N

Do you have any friends or relatives employed by Rolling Hills Clinic? If yes, please provide their name and relationship to you. _____

Y N

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

Y N

Have you been convicted of a felony within the last seven years? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case(s). (Convictions for marijuana related offenses that are more than two years old need not be listed.): _____

5. Education

A. Secondary

High School Name _____ Address, City State _____ Highest Grade Completed _____ Diploma Earned?
 Y N

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?	Degree Received
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

C. Licenses and Certificates

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

6. Employment History

Account for work experience during 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 duty's description. Enter your most recent 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

6. 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

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

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

Description of Duties

Reason for Leaving

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

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

Description of Duties

Reason for Leaving

7. 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

8. 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 to 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 of employment withdrawn, at any time, with or without cause, and 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 foregoing 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 24, US 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.

_____ Initial

Acknowledgement and Authority for Background Check. I acknowledge receipt of the separate documents entitled Disclosure regarding background investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the company at any time after receipt of this authorization and throughout my employment, if applicable and to the extent permitted by law. For the purposes of preparing a background check for company, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, past or present employers, motor vehicle history, criminal history, military service and professional credentials and licenses. I agree that an electronic copy of this Authorization shall be as valid as the original.

I authorize Rolling Hills Clinic and/or Paskenta Band of Nomlaki Indians, to contact government agencies, past employers, educational institutions and listed references in the course of conducting an investigation into my background. I authorize Rolling Hills Clinic and/or Paskenta Band of Nomlaki Indians, to release all data gathered during the background investigation to human resources for use in evaluating my application for employment. I understand and acknowledge that the information Rolling Hills Clinic and/or Paskenta Band of Nomlaki Indians, gathers may be unfavorable my application for employment will not be considered or forfeited. I understand I must obtain the Department of Justice Fingerprinting clearance as a contingency for an offer of employment. Criminal clearances are obtained to protect the welfare and safety of clients receiving services at Rolling Hills Clinic.

The information set forth on the enclosed "Background Check Results" is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that dishonesty will disqualify me from consideration for employment with the Rolling Hills Clinic and, if I am hired and/or are currently employed by the Rolling Hills Clinic, which such dishonesty could result in the termination of my employment.

_____ Applicant Name

_____ Applicant Signature

_____ Date

9. Attachments and Further Documentation

Please provide 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 Clinic is appreciated.

- Resume
- If the position for which you are applying requires a professional license and/or certification (i.e., Certified Medical Assistant, Registered Dental Assistant, etc.), please provide a copy of your license or certificate.