

STANDARD APPLICATION
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

12. EMPLOYMENT HISTORY, beginning with most recent
 May inquiry be made of your current employer regarding your character, qualifications, and record of employment?
 NO YES With advance notice to applicant
 (A no will not affect your consideration for employment opportunities)

(A) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:	
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: \$ _____ Per: _____ Present: \$ _____ Per: _____	
Avg. Hrs. Per Week:	Place of Employment City: State:	No. & Kind of Employees Supervised:	Kind of Business
Name of Supervisor: Phone No.		Name and address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

(B) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:	
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: \$ _____ Per: _____ Present: \$ _____ Per: _____	
Avg. Hrs. Per Week:	Place of Employment City: State:	No. & Kind of Employees Supervised:	Kind of Business
Name of Supervisor: Phone No.		Name and address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

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(C) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:		
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: Per: Present: Per:		
Avg. Hrs. Per Week:	Place of Employment City: State:	No. & Kind of Employees Supervised:	Kind of Business	
Name of Supervisor: Phone No.		Name and address of Employer		
Reason for leaving position:				
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.				
(D) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:		
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: Per: Present: Per:		
Avg. Hrs. Per Week:	Place of Employment City: State:	No. & Kind of Employees Supervised:	Kind of Business	
Name of Supervisor: Phone No.		Name and address of Employer		
Reason for leaving position:				
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.				

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(E) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:	
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: _____ Per: _____ Ending: _____ Per: _____	
Avg. Hrs. Per Week:	Place of Employment City: State:	No. & Kind of Employees Supervised:	Kind of Business
Name of Supervisor: Phone No:		Name and address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

13. Special qualifications and skills (skills with machines; your most important publications; your public speaking experience; membership in a professional or scientific society, etc.) Use additional pages if needed.

14. EDUCATION, beginning with most recent, **an attached copy of degree or certificates earned is required.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended :					graduated: Yes/No	Year
GED completion:					Yes/No	
Other schools of training: vocational, armed forces, business college, trade, etc. For each give the name, location, dates attended, subjects studies, number of classroom hours, certificates or credits earned.					Certificate: Yes/No	
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year

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15. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED.

16. **References:** List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are replying.

Name	Phone No.	Occupation
1.		
2.		
3.		

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign:

- A false statement on any part of your application may be grounds for not hiring you, or firing you after you begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.
- In consideration of NPAIHB's review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation 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 NPAIHB, by all persons and sources of information and their agents, relative to such investigation. 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 NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, and complete and made in good faith.

SIGNATURE

DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB 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.

12. (a)