

STANDARD APPLICATION
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

1. Name: _____
 LAST FIRST MIDDLE
 Address: _____

 CITY STATE ZIP
 Home Phone: _____ Work Phone: _____
 Date of Birth: _____) SSN: _____
 Month Day Year (optional)

2. Position you are applying for: _____

3. When will you be available for work? _____

4. Are you willing to travel (Check One) NO SOME OFTEN

How did you hear of this job? __referral, __ad Referred by: _____
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5. Indian Heritage: This information is essential if you wish consideration under the Indian Preference Act. **Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.**

_____ TRIBE _____ RESERVATION

 Enrollment Number/Blood Quantum

6. 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:			

(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:			

(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:			

(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:			

(E) From - Month _____ Year _____ To Month _____ Year _____		Title of Position:	
If Federal Service; Civilian or Military Grade		Salary or Earnings Starting: Per: Year Present: Per: Year	
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:			

7. (a) 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.

8. EDUCATION, beginning with most recent, **attach copy of degree or certificates earned.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended					graduated: yes/no	Year
GED					Certificate: 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.						

9. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED.

10. 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.
- I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, past supervisors, investigators, personnel staffing specialists, and other authorized employees of the NPAIHB.
- I certify to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE

DATE

EXCEPT AS PROVIDED BY THE INDIAN PREFERENCE ACT (TITLE 25, U.S. CODE, SECTION 472 AND 473), THE NPPIHB DOES NOT DISCRIMINATE IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, PHYSICAL HANDICAP OR MARITAL STATUS.