

Nimiipuu Health

Providing quality healthcare in a culturally sensitive and confidential manner

P.O. Drawer 367
Lapwai, ID 83540
1-888-891-2920
Direct: 208-621-4950
Fax: 208-843-9407
Website: nimiipuhealth.org



P.O. Drawer 1108
Kamiah, ID 83536
1-888-891-2924
Direct: 208-935-0733
Fax: 208-935-1005
Website: nimiipuhealth.org

Application for Employment

Position Applying For:				Date:	
Name: (First M. Last):					
Mailing Address (address, city, state):					
Phone:		Message Number:		Email:	
Name(s) and relationship(s) of relatives employed by Nimiipuu Health:					
Can you perform the duties of this job with or without reasonable accommodation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if the job requires it?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the USA?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license with an insurable record? <i>(DLR required for positions that require a valid driver's license)</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Preference: Nimiipuu Health recognizes honorable military service. *** Please provide a copy of your DD-214 with this application ***				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Miscellaneous: Have you committed any crime or felony that may prevent your ability to work for Nimiipuu Health? <i>If yes, please provide a brief summary below</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tribal Preference Policy					
Nimiipuu Health recognizes that with exception to Indian Preference and in accordance with PL 93-638, which further provides for Tribal Preference, and consistent with the philosophy of Indian Self-Determination Act 25 USC Section 450e(b)(1); Civil Rights Act, all person are entitled to equal opportunities and in its recruitment, placement, training, and compensation practices, the best qualified individual available shall be selected based on organizational requirements without regard to race, creed, color, gender, age or national origin as well as mental and physical disability that do not interfere with the performance of the job. Applicants must submit documentation of enrolled status, such as tribal I.D. or CIB before preference can be granted.					
Are you an enrolled member of a federally recognized American Indian Tribe?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of Tribe?					
Education					
Level of Education	Name of Institution	Course of Study	Dates Attended	Did you Graduate	Degree/Major/Certification
High School or Equivalent				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Undergraduate)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Graduate)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Please Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
References					
All fields in this section are required					
Name	Email Address	Phone Number	Relationship		
<i>Please provide references (non-relatives) that can attest to your professional experience, knowledge, and credentials.</i>					

Work Experience: (Include employment for the past 10 years, starting with most recent employer.)

All fields in this section are required

Employer:					Phone:				
Address:			City:			State:		Zip:	
Job Title:				Hours/Week:		Salary:			
Supervisor Name:				Supervisor Email:					
Dates of Employment:									
Primary Duties Performed:									
Reason for Leaving:	<input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Furlough/RIF <input type="checkbox"/> Other (Explain): <input type="checkbox"/> Still Employed <i>If so, may we contact your current employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No								

Employer:					Phone:				
Address:			City:			State:		Zip:	
Job Title:				Hours/Week:		Salary:			
Supervisor Name:				Supervisor Email:					
Dates of Employment:									
Primary Duties Performed:									
Reason for Leaving:	<input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Furlough/RIF <input type="checkbox"/> Other (Explain): <input type="checkbox"/> Still Employed <i>If so, may we contact your current employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No								

Employer:					Phone:				
Address:			City:			State:		Zip:	
Job Title:				Hours/Week:		Salary:			
Supervisor Name:				Supervisor Email:					
Dates of Employment:									
Primary Duties Performed:									
Reason for Leaving:	<input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Furlough/RIF <input type="checkbox"/> Other (Explain): <input type="checkbox"/> Still Employed <i>If so, may we contact your current employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No								

APPLICANT PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

I hereby give my permission to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to Nimiipuu Health or its designee any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Nimiipuu Health, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Immunity: This position requires immunity to Hepatitis B, Measles (rubeola), and Rubella. To be considered for this job, all vaccination records must be included at the time of hire.

Signature: _____

Date: _____

Acknowledgements

Drug/Alcohol Testing. As a part of Nimiipuu Health's commitment to providing a safe and healthy work environment, an Introductory Employee will be required to undergo drug/alcohol screening during the Introductory Period. A positive lab result will result in termination. Additionally, as a condition of continued employment, all employees of Nimiipuu Health are subject to random, reasonable suspicion, and post-accident testing. Except for ceremonial purposes, Nimiipuu Health is also a smoke-free work environment. Signing below indicates that you have read, understand, and agree to these conditions.

Signature: _____ **Date:** _____

Immunization. In accordance with the Nimiipuu Health Immunization policy, you will be required to be immunized against measles and rubella by providing documentation/proof of immunity to measles and rubella prior to employment with Nimiipuu Health. You will also be required to undergo Hepatitis B series, provide proof of series, or decline series. Special Exceptions are persons born before 1957 who are not required to take the measles vaccine or provide proof of immunity. Special consideration may be allowed to individuals who are allergic to a component of vaccine or have a history of severe reaction to a vaccine or who are currently pregnant. Additionally, as a condition of employment, all employees of Nimiipuu Health will be required to undergo an annual PPD test. Signing below indicates that you have read, understand, and agree to these conditions.

Signature: _____ **Date:** _____

Background Investigation. You may be required to complete the necessary documentation to initiate and complete a thorough background check. Nimiipuu Health will cover the cost of such investigation and negative outcome may make you ineligible for employment with Nimiipuu Health. Signing below indicates that you have read, understand, and agree to these conditions.

Signature: _____ **Date:** _____

Credentialing. Some positions with Nimiipuu Health require credentialing. This process must be complete prior to seeing patients. Employees requiring licensure must also maintain that licensure as set forth in the job description. Signing below indicates that you have read, understand, and agree to these conditions.

Signature: _____ **Date:** _____

Note. Persons who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive possible credit for their Indian Preference, education, training, and/or experience. Signing below indicates that you have read, understand, and agree to these conditions.

Signature: _____ **Date:** _____

Reasonable Accommodation. Reasonable accommodation will be made for qualified applicants or employees with disabilities, except when so doing would impose an undue hardship on Nimiipuu Health. Please contact the Human Resources Office to request reasonable accommodation.

Signature: _____ **Date:** _____

APPLICANT'S STATEMENT

I certify that the information given herein and in my resume is true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I could be denied employment or have my employment terminated if I provide false or misleading information. Furthermore, in consideration of my employment, I agree to abide by the policies and procedures of Nimiipuu Health.

Signature: _____ **Date:** _____



Notice for Applicant/Employee

'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that Nimiipuu Health may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above-named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma OR the state of Minnesota: Yes No

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization from within 24 hours of completion.

Please provide me a free copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: _____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue:** _____

Signature: _____ **Date:** _____

NOTE:

The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRANet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

**Nimiipuu Health Application for Employment
SUPPLEMENTAL INFORMATION SHEET**

Name: _____ Date: _____

Please check application qualifications:

<input type="checkbox"/> Spreadsheet (Excel, Access, etc.)	<input type="checkbox"/> Data Base
<input type="checkbox"/> Bookkeeping (Experience Level)	<input type="checkbox"/> Desktop Computer Operation
<input type="checkbox"/> Accounting	<input type="checkbox"/> Writing Skill
<input type="checkbox"/> Transcribing	<input type="checkbox"/> Typing: WPM
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> 10-Key: KPM
<input type="checkbox"/> Supervision	<input type="checkbox"/> Hand Tools
<input type="checkbox"/> Management	<input type="checkbox"/> Chainsaw Operation
<input type="checkbox"/> Heavy Equipment Operation: (Please specify below)	<input type="checkbox"/> Bi-lingual: (Please specify below)

***Must provide copies of the following (Driver's License and DLR are only required for positions requiring an insurable record):**

<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID if no current license
<input type="checkbox"/> Driver License Record (DLR) that reflects past three years and issued in the past ninety (90) days	<input type="checkbox"/> CPR, BLS, PALS, etc.
<input type="checkbox"/> Resume or C.V.	<input type="checkbox"/> Certification or Professional License
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Tribal ID or C.I.B. (If Applicable)

***Official copies of educational documentation (unofficial transcripts may be accepted):**

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> G.E.D. or equivalent
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctoral Degree
<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Transcripts accepted as proof of college attendance

Other information that would be helpful to your employment, please be specific:

***In addition to regular full-time and part-time employment, Nimiipuu Health offers temporary appointments using an active job seekers list. Please indicate below if you would like your application forwarded to the Active Job-Seekers List. Tribal Indian Preference will apply:**

Yes, I am interested in temporary employment No, I am not interested in temporary employment

***Where did you hear about us/see our job ads?** _____

Thank you for your interest in Nimiipuu Health!
Applications may be submitted to the following:
Nimiipuu Health
c/o Human Resources Office
P.O. Drawer 367
Lapwai, ID 83540
Fax: (208) 843-9407

Feel free to contact the HR Office if you have any questions. Email: HR@nimiipuu.org Phone: (208)621-4950