



South Dakota Urban Indian Health
 711 North Lake Ave.
 Sioux Falls, SD 57104
 605-339-0420, ext 219
barb.pearson@sduih.org

Become a partner in
 SDUIH's Mission

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: In order to provide equal employment and advancement opportunities to all individuals, employment decisions at SDUIH will be based on merit, qualifications and abilities. SDUIH does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

GENERAL INFORMATION

Date _____

Position(s) Applied For _____

Referral Source Newspaper Friend Relative Dept. of Labor Keloland.com
 Internet Job Board Walk-in Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____

Cell Phone (____) _____ E-mail address _____

If under 18, can you provide a work permit? Yes No

If hired, would you have transportation to/from work? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Do you have any friends, relatives, or acquaintances working for SDUIH? Yes No If yes, give name _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

Employment desired: Full-Time Part-Time Temporary

When are you available for work? _____

Can you travel if a job requires it? Yes No

Can you work on the weekends? Yes No Can you work evenings? Yes No

Salary desired: \$ _____

INDIAN PREFERENCE

In accordance to IHS policy and Federal guidelines, preference will be given to qualified Indian applicants in accordance to Section 703 (i) of the Title VII of the Civil Rights Act of 1964. SDUIH is an Equal Opportunity Employer.

Must be able to provide Indian Preference documentation if claimed.

INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION (PL:101-630)

All employees effective from July 27, 1997 shall be required to complete a background check that will be investigated by the FBI. This is to determine if any employee has been arrested and convicted of an offense in regard to the above Public Law.

Should such an incident be found during the employment background check, said application will be withdrawn from consideration.

Have you ever been convicted of a felony? No Yes

If yes, please explain. _____

Have you ever been convicted of a crime, other than a minor traffic violation? Applicant is not obligated to disclose sealed or expunged records of conviction. (Answering yes to this question does not automatically disqualify you for employment; however, the severity, recentness, and relevance of the offense will be considered in the employment review process).

Convicted means you were declared guilty by a judge or jury or you pleaded guilty or no contest in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. A minor traffic violation is an infraction for which you would be ticketed. Driving while under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident and vehicular homicides are not minor traffic violations.

_____ Yes

_____ No

If yes, it is mandatory that you complete this section. List each offense and provide the following: date of the offense, the charge filed, city, state, disposition of the offense, and date of disposition (i.e., pled no contest, plead guilty).

Are any criminal charges now pending against you, or have you been placed on deferred adjudication?

_____ Yes

_____ No

If yes, please explain: _____

Have you ever been discharged or requested to resign from a position? _____ Yes _____ No

If yes, give circumstances. _____

| EDUCATION | | | | |
|----------------------|----------------|----------|-------|--------|
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | MAJOR | DEGREE |
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |
| Special Honors | | | | |

COMPUTER SKILLS (Only for positions which require computer use)

Check off those computer skills with which you are proficient (any version).

PC User
 Power Point
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/
Maintenance
 E-mail/Outlook
 Internet
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's license number _____ State of issue _____

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

| | | | |
|-----------------------------|-------------------|----------------|----------------|
| Most Recent Employer | | Dates Employed | Work Performed |
| Starting Wage \$ | Ending Wage \$ | From: | |
| Address | | To: | |
| Job Title | | Supervisor | |
| Reason for Leaving | | | |
| Employer | | Dates Employed | Work Performed |
| Starting Wage \$ | Ending Wage \$ | From: | |
| Address | | To: | |
| Job Title | | Supervisor | |
| Reason for Leaving | | | |

| | | | |
|---------------------|-------------------|----------------|----------------|
| Employer | | Dates Employed | Work Performed |
| Starting Wage \$ | Ending Wage \$ | From: | |
| Address | | To: | |
| Job Title | | Supervisor | |
| Reason for Leaving | | | |

| |
|--|
| <p>MILITARY</p> <p>Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____</p> <p>If yes, Date Entered _____ Date Discharged _____ <u>Type of Discharge</u> _____</p> <p>If yes, please describe any special skills or training acquired while in the service: _____</p> |
|--|

REFERENCES

Please list three professional references that you have worked with and can attest to your work performance.

Name _____

Name _____

Name _____

Position _____

Position _____

Position _____

Company _____

Company _____

Company _____

Email _____

Email _____

Email _____

Telephone (_____) _____

Telephone (_____) _____

Telephone (_____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that employment is subject to a background check, and hereby authorize South Dakota Urban Indian Health to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, motor vehicle records, and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check may not necessarily disbar me from employment. However, certain violations can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Thank you for applying to South Dakota Urban Indian Health.

APPLICANT DATA RECORD

Non-Discrimination Policy: South Dakota Urban Indian Health is committed to the principle of equal opportunity in employment. SDUIH does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Referral Source Newspaper Friend Relative Dept. of Labor Keloland.com
 Internet Job Board Walk-in Other _____

Please detach this sheet and mail separately to:

South Dakota Urban Indian Health, 711 North Lake Ave, Sioux Falls, SD 57104

Or

You may fax to: South Dakota Urban Indian Health, 605-339-0038

| Affirmative Action Survey | Check one | Check one | Check any that apply |
|---|--|--|--|
| Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only. | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran |

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran