



Healing the Native Community since 2007

**EMPLOYMENT APPLICATION**

1551 E. Shaw Ave. Suite 139 Fresno Ca. 93710  
 Phone: 559-320-0490 FAX: 559-320-0494  
 Email: [jobs@faihp.org](mailto:jobs@faihp.org)

In completing and submitting this application for employment to Fresno American Indian Health Project (FAIHP), you are informing us that you are seeking to join a team of hardworking professionals dedicated to the consistent offering of exceptional service and quality care, delivered with caring and compassion that is focused on our clients, patients, and community members.

**All offers of employment are contingent on the applicant successfully completing a criminal background and reference check, and drug screen, and are current on vaccinations (e.g., COVID-19, annual flu, Hep-B, etc.) with negative TB test.**

**INSTRUCTIONS:** Please print clearly in black or blue ink. Answer all questions. Sign and date the form.

<b>Position Applying:</b> (Please list specific positions interested. Blank, "any," or non-specific responses will not be considered for employment)	
Type of Employment Interested: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Desired Pay: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Year

**SECTION 1 – PERSONAL INFORMATION**

First Name:	Middle Initial:	Last Name:	Suffix:
Address:		City:	State:      Zip:
Mailing Address (if different from above)		City:	State:      Zip:
Home Phone Number: (    )	Cell Number: (    )	Personal Email:	I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Cell <input type="checkbox"/> Home Phone
<b>Indian Preference:</b> FAIHP complies with the Indian Preference Act. Preference in hiring is given to qualified Native Americans in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Subject to, but not in derivation of the Act, we are an equal opportunity employer. Do you wish to claim Indian Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION 2 – EDUCATION**

<b>HIGH SCHOOL/GED</b>						
Name High School Attended or Agency GED Obtained:			City:	State:	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TRADE SCHOOL(S): Describe fully any business, trade or other education (verification of education may be requested).</b>						
Trade School:	Certification/Training	YR. Completed	City:	State:		
<b>COLLEGE (Post-Secondary) EDUCATION:</b>						
Name of colleges, universities attended:	Location: (city & state)	Major:	Years Attended:		Graduated	Degree Attained
			From:	To:		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 3 – WORK EXPERIENCE**

Please list the names of your present and previous employers in chronological order with present or last employer listed first. Account for all periods of time (including military services and/or periods of unemployment going back period of ten (10) years. If you need additional space to list your duties, you can use your resume or attach additional documentation or sheets to this application. All the requested information must be completed.

EMPLOYMENT HISTORY									
From (mm/yy):	To (mm/yy):	Title:	Present/Last Employer:	Address:	City	State:	Zip:		
Supervisor Name:		Supervisor Title:		Email/Contact Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties/Responsibilities:									
Reason for Leaving*:									
From:	To:	Title:	Previous Employer:	Address:	City	State:	Zip:		
Supervisor Name:		Supervisor Title:		Email/Contact Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties/Responsibilities:									
Reason for Leaving*:									
From:	To:	Title:	Previous Employer:	Address:	City	State:	Zip:		
Supervisor Name:		Supervisor Title:		Email/Contact Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties/Responsibilities:									
Reason for Leaving*:									

\*If terminated from previous employment, please provide a written explanation of the situation on an additional sheet. Termination from previous employment is not considered an automatic disqualification for employment.

#### SECTION 4 – SKILLS

Identify any experience and/or training appropriate to the position you are applying.

Computer Skills:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Outlook	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Access	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Design Software
	<input type="checkbox"/> Electronic Med Rec	<input type="checkbox"/> Patient Scheduling	<input type="checkbox"/> Accounting	<input type="checkbox"/> Conferencing	<input type="checkbox"/> Project	Other: _____	
Language(s) (other than English)	_____		<input type="checkbox"/> Fluent (speak, read/write)	Office skills	<input type="checkbox"/> Typing (wpm)	<input type="checkbox"/> Organization/Filing	
			<input type="checkbox"/> Conversational				
Multimedia	<input type="checkbox"/> Video Production	<input type="checkbox"/> Web Design	<input type="checkbox"/> Web Content	<input type="checkbox"/> Social Media Marketing			
Additional Skills (relevant to the position)							

#### SECTION 5 – REFERENCES

Please provide the names of three (3) persons not related to you, whom you have known at least five (5) years. Indicate if reference will provide either a professional or personal reference.

Reference #1	Reference #2	Reference #3
Name:	Name:	Name:
Title:	Title:	Title:
Company/Agency:	Company/Agency:	Company/Agency:
Years Known:	Years Known:	Years Known:
Contact Information:	Contact Information:	Contact Information:
Reference Type:	Reference Type:	Reference Type:

**SECTION 6 – Applicant Questions**

1. Have you ever worked for FAIHP before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any friends and/or relatives working (or have worked) for FAIHP? If yes, please provide names and relationships:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to travel if the position requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been convicted of a felony or a misdemeanor regarding crimes of moral turpitude?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If hired, are you willing to submit to background check, health assessment, and drug screen, in keeping with applicable Federal, State, and local laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Upon Employment, would you be able to provide documentation establishing your identity and eligibility to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Non-Discrimination at FAIHP**

FAIHP is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. FAIHP is committed to providing access, equal opportunity, and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request a reasonable accommodation, contact the Human Resources Department at (559) 320-0490 or by email at [jobs@faihp.org](mailto:jobs@faihp.org).

**SECTION 7 – CERTIFICATION OF INFORMATION**

I CERTIFY that the information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may be considered grounds for dismissal regardless of when and how it is discovered. I understand that acceptance of an offer of employment is not contractual. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release the employer from all liability that might result from the investigation.

***Fresno American Indian Health Project is an at-will employer.***

*I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me is truthful and accurate.*

SIGNATURE:	DATE:
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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, or any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Name (please print):	Date:
Signature:	



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The following are a series of questions that will assist us with our reporting and marketing effectiveness of open positions. This information is provided voluntarily by you, the applicant. Not completing this section will not affect being considered for the application you applied.

Completion of this section is optional.

**Job Announcement Marketing**

Please let us know how you heard of this opening.

- FAIHP Website    Indeed    CareerBuilder    Facebook    LinkedIn    Other online site: \_\_\_\_\_
- FAIHP Employee    Friend/Relative

**EEO-1 Voluntary Self Identification**

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

**Completion of this form is voluntary** and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity currently, the federal government requires North Fork Rancheria to determine this information by visual survey and/or other available information.

This information is collected for civil rights monitoring and enforcement purposes only. All race/ethnicity information will be collected and report in the seven categories identified below. The definitions for each category have been established by the federal government.

**GENDER:** (Please check one of the options below)

- Male
- Female
- Non-binary
- I prefer not to disclose

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I prefer not to disclose.

SIGNATURE:	DATE COMPLETED:
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