



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

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 upon the applicant completing a criminal background check, reference check, and drug screen, and being current on vaccinations (e.g., annual flu, Hep-B, etc.), with a negative TB test.

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

Position Applying: (Please list specific positions of interest. 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		

Indian Preference:
 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? ☐ Yes ☐ No

SECTION 2 – EDUCATION

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

					<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
	Other: _____				Other: _____		
Language(s) (other than English)	_____		<input type="checkbox"/> Fluent (speak, read/write) <input type="checkbox"/> Conversational		Office skills	<input type="checkbox"/> Typing (wpm)	<input type="checkbox"/> Organization/Filing

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 for at least five (5) year who can provide a professional 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:
Capacity Known:	Capacity Known:	Capacity Known:

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide names and relationships:		
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. If hired, are you willing to submit to a background check, health assessment, and drug screen, in keeping with applicable Federal, State, and local laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. Have you ever worked or volunteered with a Boys & Girls Club of America program or organization? If yes, please specify your role and the location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your role and location:		
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.

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:



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

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

Completion of this section is optional. **Job Announcement Marketing: please let us know how you heard about 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, to complete an EEO-1 report annually. Covered employers must invite employees to self-identify their gender and race for this report.

Completion of this form is voluntary and will not affect your employment opportunity, or the terms or conditions of your employment. This form will be used solely for EEO-1 reporting purposes and will be kept separate from all other personnel records, accessible only 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 Fresno American Indian Health Project to determine this information by visual survey and/or other available information.

This information is collected solely for civil rights monitoring and enforcement purposes. All race/ethnicity information will be collected and reported in the seven categories identified below. The federal government has established the definitions for each category.

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.

Signature: _____

Date: _____



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

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:	