

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

Please note: You may submit a resume/CV in addition to, but not in place of, this signed form.

1. Name: _____
FIRST MIDDLE LAST

Address: _____

_____ CITY STATE ZIP

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

2. Position for which you are applying: _____

3. When will you be available for work? _____

4. If the position requires travel, are you willing to travel (Check One) NO SOME OFTEN

5. Are you at least 18 years of age? NO YES

If you are under 18 years of age, can you provide proof of your eligibility to work? NO YES

6. Are you eligible for employment in the United States? (Proof of identity and eligibility is required for employment.)
 NO YES

7. How did you learn of this position? Website: _____ or Referred by: _____

8. Do you have any relatives who work for the NPAIHB? NO YES

9. **Qualification for Indian Preference:** The following information is required if you request consideration under the Indian Preference Act. **Verification of your tribal enrollment, or documents that show you are a descendant of an enrolled tribal member, must accompany this application.**

_____ TRIBE RESERVATION

_____ Enrollment number or name of enrolled tribal member of whom you are a descendant

10. Are you able to perform the essential functions listed in the announcement of the position for which you are applying, either with or without reasonable accommodations? NO YES
If not, please describe what functions you cannot perform.

11. EDUCATION, beginning with most recent.

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended:					Graduated? Yes/No	Year
GED completion through:					Yes/No	

Other schools or training: vocational, armed forces, trade, etc. For each give the name, location, dates attended, subjects studied, number of classroom hours, certificates or credits earned. If needed, continue on last page of application.							
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year	

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	Name of software	Level of expertise 0-5, (5 being master/high)
Word processing		
Spreadsheet set-up and usage		
Office Email system experience		
Data Management		
High level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

13. EMPLOYMENT HISTORY, beginning with most recent

STANDARD APPLICATION

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

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: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

B.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

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C.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

D.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

E.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

14. **Special qualifications and skills** (relevant publications, public speaking experience, membership in a professional or scientific society, etc.) Use additional pages if needed.

15. **HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:**

16. **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 applying. Please ensure that telephone numbers are current.

Name	Phone Number	Occupation
1.		
2.		
3.		

YOU MUST SIGN THIS APPLICATION. Read the following three parts carefully before you sign:

- A false statement on any part of this application may be grounds for not hiring me, or firing me after I begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.

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- In consideration of NPAIHB’s review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, complete and made in good faith.

SIGNATURE

DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization, marital status, citizenship or immigration status, honorably discharged veteran or military status, genetic information, ancestry or any other characteristic protected by law.

This is additional space for continuation of description of duties, responsibilities, etc., as needed. Please indicate which position you are describing.

**Please submit your completed form to: Human Resources Manager
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Or FAX to: 503-228-8182
Or Email to: HR@npaihb.org**