

# Nimiipuu Health

*Providing quality health care in a culturally sensitive and confidential manner*

P.O. Box 367  
Lapwai, ID 83540  
1-888-891-2920  
(208) 843-2271  
Fax: (208) 843-9407



P.O. Box 1108  
Kamiah, ID 83536  
1-888-891-2924  
(208) 935-0733  
Fax: (208) 935-1005

## Application for Employment

Position Applying For:		Date:
Name (Last, First, Middle Initial)	Social Security Number (optional)	
Present Address (Street, City, State, Zip Code)	Home Phone Number ( )	
Permanent/Mailing Address (If different from above)	Message Phone Number ( )	
Names of relatives employed by Nimiipuu Health and relationship: _____ _____		
Can you perform the duties of this job with or without reasonable accommodation? yes no		
Can you travel if the job requires it? yes no		
Can you legally be employed in the USA? yes no		
Do you have a valid driver's license with an insurable record? yes no (If position requires driving, will be required to provide proof of driver's license)		
Are you a Veteran? yes no—If yes, please submit a copy of your DD214.		
Have you been convicted of a crime or incarcerated within the past seven years? yes no If yes, indicate date and nature of offense _____		
A conviction will not necessarily disqualify you from employment.		

### 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.

To claim Indian Preference: Are you an enrolled member of a federally recognized Tribe? yes no

I am enrolled Nez Perce. My Tribal # is \_\_\_\_\_

I am enrolled with \_\_\_\_\_ Tribe. My Tribal # is \_\_\_\_\_

**APPLICANTS MUST SUBMIT DOCUMENTATION OF ENROLLED STATUS, SUCH AS TRIBAL I.D. OR CIB BEFORE PREFERENCE CAN BE GRANTED.**

**WORK EXPERIENCE (Please start with your present job)**

EMPLOYER	DATES OF EMPLOYMENT		
JOB TITLE	HOURS PER WEEK	SALARY \$	
SUPERVISOR	PHONE	MAY WE CONTACT? YES NO	
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			
EMPLOYER	DATES OF EMPLOYMENT		
JOB TITLE	HOURS PER WEEK	SALARY\$	
SUPERVISOR	PHONE	MAY WE CONTACT? YES NO	
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			
EMPLOYER	DATES OF EMPLOYMENT		
JOB TITLE	HOURS PER WEEK	SALARY\$	
SUPERVISOR	PHONE	MAY WE CONTACT? YES NO	
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			
EMPLOYER	DATES OF EMPLOYMENT		
JOB TITLE	HOURS PER WEEK	SALARY\$	
SUPERVISOR	PHONE	MAY WE CONTACT? YES NO	
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			

Please explain any gaps in employment \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION					
School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree/Major/Certification
High School				yes no	
College				yes no	
Business/Trade/Technical				yes no	
Other (Specify)				yes no	

List any other job-related skills, training, certificates, honors or awards which will be of special benefit in the job for which you are applying. (Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage). \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please briefly explain what you know about Nimiipuu Health and why you would like to work here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you learn of this position?

Advertisement - where? \_\_\_\_\_ Employment Agency    Friend    Relative    Walk in  
 Other \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT**

***PLEASE READ CAREFULLY BEFORE YOU SIGN ON 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 Human Resources 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: \_\_\_\_\_

**PLEASE FORWARD APPLICATION PACKET TO LAPWAI FACILITY – HUMAN RESOURCES**



**THE INFORMATION NETWORK**

**ACRAnet CBS Branch  
www.ACRAnet.com/CBS**

**Exhibit A-4  
Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'  
to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. 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 CBS Branch 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 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 form within 24 hours of completion.

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

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Prev. 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 CBS Branch, 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.