



Human Resources Department
5608 Zuni Rd, S.E.
Albuquerque, NM 87108
Main (505) 262-2481

APPLICATION FOR EMPLOYMENT

First Nations Community Healthsource, Inc. is an equal opportunity employer (EEO) and does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, age, physical or mental disability, or any other protected characteristics. Please advise us if any accommodations are required to assist you in the application process.

Today's Date: Position Applying For:

Full Name: Last First Middle Initial

Address Street Address or P.O Box City State Zip Code

Telephone Numbers: Home Phone Other Phone

Type of Employment Desired: Full-Time Part-Time Temporary FT Temporary PT Other:

Please indicate the date you are available to start:

Salary Desired
\$

Have you ever worked for First Nations Community Healthsource, Inc.? Yes No

If your answer was yes, please indicate when you were employed with us:

The Federal Immigration Reform and Control Act (IRCA) requires us to verify your right to work in the United States. If hired, can you submit verification of your identity and legal right to work in the U.S.? Yes No
Would you be able to travel if your position requires it? Yes No
If your answer is "no", please explain:

If your position requires you to drive, do you have a valid driver's license? Yes No

Can you, with or without reasonable accommodation, perform the essential functions of the job for which you are applying for? Yes No
Would you be able to work overtime if required? Yes No If your answer is "no", please explain:

The following questions fall under Section 408 of the Indian Child Protection, Family Violence Prevention Act of 1990 Public Law 101-630, Section 231 of the Crime Control Act of 1990 which require an investigation of the character of each individual who is employed, or is being considered for employment:

Have you ever been arrested for or charged with a crime involving a child? Yes No

If your answer is "yes", please give details:

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; drugs and/or alcohol, sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? (do not answer this question if you reside in a state or city which may prohibit this question.) Yes No

If your answer is "yes", please give details:

Have you been investigated by a federal, state or tribal child protection services agency? Yes No

If your answer is "yes", please give details:

Have you ever been fired from any organization? Yes No

If your answer is "yes", please give details:

Applicant Signature

Date

Social Security No

EDUCATION HITSORY

Please complete the information below which will assist us in evaluating your educational experience.

Education	Name and Address	City	State	Degree/Certificate	Year Completed
High school					
College					
Trade School					
Other (Graduate)					

Please include any additional education information which may assist us in evaluating your skills: _____

EMPLOYMENT HISTORY

Please list previous employers.

Please start with your most recent employer:

From:		To:		Employer Name:	
Address:				Phone:	
Your Job Title:				Supervisor Name:	
Responsibilities:					
Reason for leaving?					

May we contact this employer for a reference? Yes No

If "No", please explain: _____

Were you fired from this employer? Yes No

If your answer is "yes", please give details: _____

Salary: Starting: _____
Ending: _____

From:		To:		Employer Name:	
Address:				Phone:	
Your Job Title:				Supervisor Name:	
Responsibilities:					
Reason for leaving?					

May we contact this employer for a reference? Yes No

If "No", please explain: _____

Were you fired from this employer? Yes No

If your answer is "yes", please give details: _____

Salary: Starting: _____
Ending: _____

EMPLOYMENT HISTORY (CONTINUED)

From:		To:		Employer Name:	
Address:				Phone:	
Your Job Title:			Supervisor Name:		
Responsibilities:					
Reason for leaving?					

May we contact this employer for a reference? Yes No
 If "No", please explain: _____
 Were you fired from this employer? Yes No
 If your answer is "yes", please give details: _____

Salary: Starting: _____
Ending: _____

From:		To:		Employer Name:	
Address:				Phone:	
Your Job Title:			Supervisor Name:		
Responsibilities:					
Reason for leaving?					

May we contact this employer for a reference? Yes No
 If "No", please explain: _____
 Were you fired from this employer? Yes No
 If your answer is "yes", please give details: _____

Salary: Starting: _____
Ending: _____

PROFESSIONAL REFERENCES

Please list three (3) professional references. Do not include family members.

Reference Name	Company	Position or Title	Phone Number	Relationship Co-worker or Supervisor	Years known

LICENSURE - CERTIFICATION

Are you licensed or certified for the position you are applying for? Yes No

Name of License/Certification: _____

State Issued: _____ License/certification number: _____

Has your license or certification ever been revoked? Yes No If "yes" please explain when and why?

ACKNOWLEDGEMENT – BACKGROUND CHECK DISCLOSURE

Please acknowledge your understanding of the following statements and agreements by placing your initials each paragraph, then sign and date below. Should you have any questions, please see a Human Resources Representative for assistance.

I certify, under the penalty of perjury, that all the information I have listed on this application for employment is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination of employment, regardless of the time elapsed prior to discovery. I further certify that I have personally completed this Application for Employment with First Nations Community Healthsource, Inc.

I hereby authorize First Nations Community Healthsource, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to First Nations Community Health Source, Inc. any work related information about me. In addition, I hereby release First Nations Community Health Source, Inc., my former employers and all other persons, corporations, partnerships, and associations of any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that First Nations Community Health Source, Inc. is a Drug Free Workplace and agree to abide to company policies and procedures. I also understand that my employment with First Nations Community Health Source, Inc. is contingent upon successfully passing a complete background check/finger print check and possibly a pre-employment drug test.

I also understand that nothing contained in this Application for Employment , or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between myself (The Applicant) and First Nations Community Health Source, Inc. (The Employer). I understand that if hired, my employment is "At-Will", which means that my employment is for no definite or determinable period and that the terms and conditions of my employment may be changed with or without cause, or with or without notice, including but not limited to: termination, demotion, promotion, transfer, compensation, benefits duties, and location.

I understand that if First Nations Community Health Source, Inc. may obtain a consumer report or investigative report about me and considers such information contained in the report when making an employment decision that adversely affects me, First Nations Community Health Source, Inc. will notify me and provide me with a copy of the report before its decision is final. I also understand that my application for employment is denied, in whole, or in part, because of the information contained in a consumer report or investigative consumer report, First Nations Community Healthsource, Inc. will notify me and provide me with that name and number and address of the reporting agency.

I acknowledge that I have been provided the accompanying "A Summary of Your Rights Under the Fair Credit Reporting Act", which generally describes my rights as a "consumer" under the Fair Credit Reporting Act (FCRA).

Applicant Name (Please Print Clearly)

Application Date

Applicant Signature

Social Security No

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

First Nations Community HealthSource, Inc.

EEO-Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY.

We consider all applicants for positions without regard to race, color, sex, sexual orientation, gender identity, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis on any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations

Position(s) applied for _____ Date / /

Name of person who referred you _____
Please Print

Referral Source

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement-Source: | | <input type="checkbox"/> Other: |

Applicant Information

Name _____ Telephone# () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups.

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multicultural (having parents of different races) |
- THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

Position hired for: _____ Date of hire: / /

From the EEO job classification listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes: _____

Completed by: _____ Date: / /



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Please provide the address of all the cities in which you have resided in the last 7 years:

	Address and City:	State and Zip code
1		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Applicant Information:

Full name:

Other names used:

Social Security number:

State:

Drivers License #:

Date of Birth:

I certify, under the penalty of perjury, that all the information I have listed above is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination of employment, regardless of the time elapsed prior to discovery. I further certify that I have personally completed this forms for Employment with First Nations Community Healthsource, Inc.

Applicant Name (Please Print Clearly)

Application Date

Applicant Signature

Social Security No