



5608 Zuni Rd SE – Albuquerque, New Mexico 87108 – 505-262-2481 – Fax 505-262-7045

Application for Employment

First Nations Community HealthSource, Inc., is an equal opportunity employer (EEO). 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.

ANY AND ALL CANDIDATES WILL BE SUBJECT TO A BACKGROUND CHECK AS A PRE-CONDITION OF EMPLOYMENT.

Today's Date: _____ Position Applying For: _____

Date Available to Start: _____ Salary Desired: _____

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

Applicant's Name: _____
Last First Middle Initial

Address: _____
Street Address or PO Box City State Zip Code

Telephone Numbers: _____
Cell Phone Home/Message Phone

Personal Email Address: _____

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

If you answered yes, please indicate dates of employment: _____

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

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

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 requires an investigation of the character of each individual who is employed or is considered for employment.

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

If you answered yes, please explain in detail: _____

Have you ever been investigated by a Federal, State or Tribal child protection agency? Yes No

If you answered yes, please explain in detail: _____

Have you ever been debarred or suspended from Federal grants or contracts? Yes No

Response confirmation by GAO Excluded Parties List System by _____ (Name) on _____ (Date)

Have you ever been fired from any organization? Yes No

If you answered yes, please explain in detail: _____

EDUCATION HISTORY

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

Education	Name and Address	City	State	Degree/Certification	Year Completed
High School/GED:					
College:					
Other (Graduate):					
Trade School:					

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

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 or sanctioned? Yes No
 If yes, please explain when and why: _____

EMPLOYMENT HISTORY

Please list all previous employers from the last seven (7) years, starting with your most recent or current employer.

Employer Name:		From:	To:	Salary: Starting: _____ Ending: _____
Address:		Phone Number:		
Job Title:		Supervisor's Name:		
Responsibilities:				
Reason for Leaving:				
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:		
Were you fired from this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		

Employer Name:		From:	To:	Salary: Starting: _____ Ending: _____
Address:		Phone Number:		
Job Title:		Supervisor's Name:		
Responsibilities:				
Reason for Leaving:				
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:		

for a reference?			
Were you fired from this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Employer Name:		From:	To:	Salary: Starting: _____ Ending: _____
Address:		Phone Number:		
Job Title:		Supervisor's Name:		
Responsibilities:				
Reason for Leaving:				
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:		
Were you fired from this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		

Employer Name:		From:	To:	Salary: Starting: _____ Ending: _____
Address:		Phone Number:		
Job Title:		Supervisor's Name:		
Responsibilities:				
Reason for Leaving:				
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:		
Were you fired from this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		

I certify that, under the penalty of perjury, that all the information I have listed above is true and correct. 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 these forms for employment with First Nations Community HealthSource, Inc.

Applicant's Name (Please Print Clearly)

Application Date

Applicant's Signature

Professional Reference Information

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

Reference Name:			
Title:			
Company Name:			
Phone Number:			
Email:			
Relationship: coworker or supervisor:		Years known:	

Reference Name:			
Title:			
Company Name:			
Phone Number:			
Email:			
Relationship: coworker or supervisor:		Years known:	

Reference Name:			
Title:			
Company Name:			
Phone Number:			
Email:			
Relationship: coworker or supervisor:		Years known:	

Reference Name:			
Title:			
Company Name:			
Phone Number:			
Email:			
Relationship: coworker or supervisor:		Years known:	

Reference Name:			
Title:			
Company Name:			
Phone Number:			
Email:			
Relationship: coworker or supervisor:		Years known:	

ACKNOWLEDGEMENT – BACKGROUND CHECK DISCLOSURE

Please acknowledge your understanding of the following statements and agreements by placing your initials next to 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 HealthSource, 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 HealthSource, 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 HealthSource, Inc. is contingent upon successfully passing a complete background check/fingerprint check and a pre-employment drug test and random drug screening after hire.

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 HealthSource, 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 HealthSource, 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 HealthSource, 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's Name (Please Print Clearly)

Application Date

Applicant's Signature

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:
CRAs, 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

