

The Indian Walk-In Center EMPLOYMENT APPLICATION

The Indian Walk-In Center is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. All employees of the Indian Walk-In Center may be required to submit to a drug test after hire.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

Name: _____
First Middle Last

Street Address _____
City State Zip Code

Home Telephone Number _____
Social Security Number _____
Today's Date _____

Daytime Telephone Number at which we may contact you _____

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

Have you ever been terminated from any position? Yes _____ No _____

If "yes", please explain: _____

How were you referred to the Indian Walk-In Center? Please circle the number of the most appropriate response.

1 College or University 2 Recruiter or Agency 3 Employee 4 Advertisement 5 No referral; Walk-in 6 Other: _____

Position Preferences

For what position are you applying? _____

Program Area: _____

Salary desired: Amount \$ _____ Per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours Per Week _____

Could you work overtime? Yes _____ No _____ What date could you start work? _____

Could you travel if required by this position? Yes _____ % of Time _____ No _____

Education

	Name of School	City & State	Degree or # of Years Completed	Major or Subject	GPA
High School					
College					
Graduate School					
Other					

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer		Position Title	
City & State		Reason for Leaving	
Telephone #		Salary	\$ _____ per
Supervisor's Name & Title		Dates of Employment	From: To:
May we contact current employer?		Yes _____	No _____ (if no, why?)
Employer		Position Title	
City & State		Reason for Leaving	
Telephone #		Salary	\$ _____ per
Supervisor's Name & Title		Dates of Employment	From: To:
Employer		Position Title	
City & State		Reason for Leaving	
Telephone #		Salary	\$ _____ per
Supervisor's Name & Title		Dates of Employment	From: To:

Professional References

Name	Title & Company	Phone #	Professional Relationship

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the Indian Walk-In Center and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at the Indian Walk-In Center is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by the Indian Walk-In Center has no specific term and may be terminated by the employee or the Indian Walk-In Center upon notice. I acknowledge that the Indian Walk-In Center has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the Indian Walk-In Center, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the Indian Walk-In Center I agree to release and hold harmless the Indian Walk-In Center from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Indian Walk-In Center may be terminated.

Applicant's Signature

Date

PLEASE SUBMIT A RESUME WITH THIS EMPLOYMENT APPLICATION.

Applicant Release

(Keep in secure files separate from personnel records)

Indian Walk-In Center

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information for the Indian Walk-In Center and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature: _____ Date: _____