

(Revised 10/09)

CHEROKEE INDIAN HOSPITAL AUTHORITY
APPLICATION FOR EMPLOYMENT

It is the policy of the Cherokee Indian Hospital Authority to give preference in employment to enrolled members of the EBCI who meet the minimum requirements. Second preference is given to non-enrolled spouses of EBCI members who meet minimal requirements. Third preference will be given to enrolled members of other Federally Recognized Tribes. After considering Indian Preference, it is the policy of the CIHA to foster, maintain, and promote equal employment opportunities, which do not discriminate on the basis of race, color, national origin or sex.

****Applicants must fill out a separate application for each position to which applicant is applying and ORIGINAL copy must be submitted to the Human Resources Department. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS APPLICATION AND QUESTIONS IN APPLICATION MAY NOT BE ANSWERED BY REFERENCE TO AN ATTACHED RESUME. ALL QUESTIONS ON APPLICATION MUST BE ANSWERED AND APPLICANT MUST SIGN APPLICATION (page 5), MUST SIGN and HAVE NOTARIZED CRIMINAL INVESTIGATION AUTHORIZATION TO RELEASE INFORMATION (page 6), Notice of Mandatory Criminal History Checks must be signed and dated (page 8), and MUST SIGN TRIBAL DRUG AND ALCOHOL POLICY (page 9). Failure to answer all questions or provide required signatures/notarization, will result in application being deemed to be INCOMPLETE. When submitting attachments to an application, the applicant should make sure that his/her name is clearly indicated on all pages of the attachments. Applicants are advised to carefully review their completed application before submitting it to the HR Department.***

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street Number/P.O. Box) (City) (State) (Zip)

PHONE #: _____ SS# _____ DOB: _____

List the names of any immediate family member or persons with whom you have a close personal relationship (such as a live-in companion, a cousin raised as your sibling, etc.) who are currently working in the program wherein the current vacancy exists: _____

Are you a U.S. Citizen? Yes: _____ No: _____ If No, do you possess an Alien Registration Card?
Yes: _____ No: _____ If Yes, Number: _____

Are you claiming Indian Preference? Yes: _____ No: _____
If yes, are you claiming for yourself? _____ spouse? _____ child? _____
If Yes, what Tribe: _____ Enrollment Number: _____
IF CLAIMING INDIAN PREFERENCE YOU MUST TURN IN AN INDIAN PREFERENCE FORM OR A COPY OF YOUR/SPOUSE'S/CHILD'S ENROLLMENT CARD WITH THE APPLICATION.

Have you ever filed an application here before? Yes: _____ No: _____
Were you selected for employment? Yes: _____ No: _____ If Yes, why did you leave employment with CIHA? _____
Are you available to travel upon request? Yes: _____ No: _____
If hired, on what date will you be available to start work? _____
Will you work overtime if asked? Yes: _____ No: _____
Do you have a valid N.C. Drivers License? Yes: _____ No: _____
Have you ever been convicted of a misdemeanor or a felony including minor traffic violation? ?
Yes: _____ No: _____ (Answering "Yes" to this question **will not** disqualify you from consideration.)

Have you ever been arrested or charged with a crime involving a child? Yes: _____
No: _____ If yes, please provide a description of the arrest or charge, the date of the arrest or charge, and the final disposition of the case. _____

If yes, please provide a description of the offense, the date of the conviction, and name and location of the court:

Are you able to perform the specific job functions listed in the position description?
Yes: _____ No: _____ If No, Explain: _____

Are you a veteran? Yes _____ No: _____ If Yes, give dates of service:
From: _____ to _____

Check as many that apply to you:

_____ Served on active (full-time) duty and discharged under honorable conditions.

_____ Recently separated veteran (within the past twelve (12) months.)

_____ Disabled veteran (entitled to disability payments under VA or released from active duty because of a service connected disability.)

_____ Vietnam-era veteran (any part of your service was between 08/05/64 to 05/17/75)

*****Evidence of an honorable discharge must be provided in order to receive preference*****

List past employers for the last ten (10) years starting with the most recent employer first. (Please use a separate page if space provided is not adequate.)

(Employer)	(Address)	(Phone No.)
Dates employed from: _____ to _____		
Job Title: _____		
Duties: _____		
Hourly Wage: \$ _____	Hours per week _____	Total Earnings: _____
Reason for leaving: _____		

Employer) (Address) (Phone No.)

Dates employed from: _____ to _____

Job Title: _____

Duties: _____

Hourly Wage:\$ _____ Hours per week: _____ Total Earnings:\$ _____

Reason for leaving: _____

(Employer)	(Address)	(Phone No.)
Dates employed from: _____ to _____		
Job Title: _____		
Duties: _____		

Hourly Wage: \$ _____	Hours per week: _____	Total Earnings: _____
Reason for leaving: _____		

EDUCATION:	Elementary	High	College	Graduate
Years completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

School Name:

Diploma/Degree:

Describe course of study:

Describe specialized training, apprenticeship skills, and extracurricular activities:

Honors Received:

Describe the particular knowledge, skills, or abilities you have which will enable you to meet the requirements of the position you are applying for.

State any additional information that relates to the position for which you are applying, and any information you feel may be helpful to us in considering your application (experience, qualifications, etc.)

REFERENCES: (former supervisors preferred)

(Name)	(Address)	(Phone No.)
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(Name)	(Address)	(Phone No.)
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(Name)	(Address)	(Phone No.)
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This information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that I will not be considered a regular employee until I have satisfactorily completed the required 90 day evaluation period.

I also understand that acceptance of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that there is a CIHA Drug Policy and I will be subject to drug pre-testing upon my employment.

(Date)

(Signature Required)

Please attach copies of any letters of recommendation, diplomas, or certificates which you feel may be helpful to the CIHA in evaluating your application.

CRIMINAL INVESTIGATIONS DIVISION
P.O. Box 369
Cherokee, NC 28719
AUTHORIZATION TO RELEASE INFORMATION

I, _____, am an applicant for employment with the Cherokee Indian Hospital Authority. In order to process my application, certain information must be made available to the Chief Investigator of the Eastern Band of Cherokee Indians. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions and doctors, any other person, institution or organization, and all governmental agencies and instrumentalities (local, federal, state, or foreign) wherever such individuals or organizations are situated, to release any document, information record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request thereof is made in person or writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information records to the Chief Investigator or his representative and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all illegal communication privileges that I could claim.

Further, I appoint the Chief Investigator or his representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making a request in person.

Date

Signature _____

Affidavit of _____

I, _____, being duly sworn, depose and say the following:
I am the person who executed the above authorization. I understand it's meaning, intention and effect; and that the statements therein are true and correct.

Date of Birth _____ **Social Security Number** _____

Signature _____

Sworn to and subscribed before this _____ day of _____,
20 _____

Notary _____

My Commission Expires _____

Note: If this page is not signed, dated and notarized application will be considered incomplete

Article V SELECTION, APPOINTMENT, AND SEPARATION

5.02 Disqualification of Applicants

Reasons for disqualification of an applicant from employment consideration by the Human Resource Office may include, but are not limited to, one or more of the following:

- > Lacks the minimum qualifications established for the position;
- > Is unable to perform the duties of the position as demonstrated through reference and other background reviews;
- > Has been convicted of a crime which raises serious doubt as to the suitability of the applicant to assume the responsibilities of the position;
- > Has made false statement of material fact in the application;
- > Has used or attempted to use bribery to secure an advantage in the appointment;
- > Has failed to submit a completed application or has failed to meet the established time limits; or
- > Has refused to take a pre-employment drug test or failed to pass said test.

NOTICE OF MANDATORY CRIMINAL HISTORY CHECKS

Federal law requires that a criminal history check be conducted on all individuals whose duties and responsibilities would allow them regular contact with or control over children. The Cherokee Indian Hospital Authority (CIHA) and affiliated entities (i.e., covered employers) also require that criminal history checks be conducted on all volunteers who will have regular contact with or control over children.

Covered employers will employ and allow as volunteers only individuals who meet the standards of character required for an individual's fitness to have responsibility for the safety and well being of children as outlined in the Cherokee Code.

Your initials will indicate that you have been notified of the mandatory criminal records check as a condition of your employment in positions that require regular contact with children, You have a right to obtain a copy of the criminal history report that will be made available to the covered employer and the right to challenge the accuracy and completeness of the information contained in the report.

Covered employers may also require background checks for any other employee or applicant it deems appropriate.

(Initials)

I authorize the Cherokee Indian Hospital Authority to perform a criminal history check in connection with my fitness to be an employee or volunteer for Cherokee Indian Hospital Authority. I understand that Cherokee Indian Hospital Authority shall not be held legally accountable in any way for providing my identifying information to any consumer credit agency, Federal Bureau of Investigation, state, local or tribal entities. I release Cherokee Indian Hospital Authority from any and all liability which may be incurred as a result of furnishing such information.

I authorize the release of any information, record, file or document requested by the Cherokee Indian Hospital Authority from any and all private or public institutions, organizations, and governmental agencies. All information may be furnished as if the request is made by me in person or in writing.

I certify that to the best of my knowledge and belief all of the information on and attached to this application is true, correct, and complete and made in good faith. I understand that a false or fraudulent answer to any question on any part of this application may be grounds for not hiring me, or for firing me after I begin work, and may be punishable under the federal perjury laws by fine or imprisonment according to the United States Code, Title 18, Section 1001.

Signature: _____

Date: _____

CIHA DRUG AND ALCOHOL POLICY

Recognizing the need to protect CIHA employees and the public from the risks posed by the abuse of alcohol and drugs, the CIHA has established certain requirements of its employees and applicants for employment. A copy of CIHA's Drug and Alcohol Policy as found in Article IX of the CIHA Personnel Policy is attached as part of this application.

The specific goals of the CIHA Drug and Alcohol Policy are to educate employees about the dangers and problems associated with substance abuse; facilitate the prevention of substance abuse, identify any employees who may be engaging in substance abuse and identify the substance(s), provide opportunities for counseling and treatment of employees abusing drugs and/or alcohol, protect the public and coworkers from those employees abusing drugs or alcohol and develop a drug free workplace and community.

The policy includes pre-employment drug testing of all applicants for employment. Once hired, random drug testing, post-accident testing and testing based on reasonable suspicion is a condition of continued employment.

I have read the drug policy contained in Article IX of the CIHA Personnel Policy and understand it. I understand that applicants and employee testing is required by the policy. Should I become an employee of CIHA. I agree to comply with the rules and regulations as described in the policy, I consent to drug and alcohol testing as outlined in the policy, and understand that failure to abide by the requirements of the policy may lead to disciplinary action being taken against me, which may include termination.

I hereby consent to the taking of my hair and/ or urine samples and to the testing of such samples by a drug testing laboratory designated by CIHA. I hereby further consent to the release of the drug/alcohol test results from the laboratory to a designated CIHA agent. I release and discharge CIHA, its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by the CIHA based, in whole or in part, upon the result of such test.

Date

Applicants Signature

Application Checklist

To assist you with insuring your application is complete, make sure you have attached or completed the following:

- ☐ To claim Indian Preference attach a copy of your enrollment card (or the Indian Preference sheet obtained from the Tribal Enrollment Office). If claiming Indian Preference through a Spouse you must attach a copy of your spouse's enrollment card.
- ☐ The "References", Page 5 is signed and dated.
- ☐ The "Authorization to Release Information" page has been completed and notarized. (Page 6)
- ☐ Notice of Mandatory Criminal History Checks initialed, signed and dated. (page 8)
- ☐ The "Tribal Drug and Alcohol Policy" (Page 9) is signed and dated.
- ☐ Attach copies of **Certificates, Diplomas, other credentials and driver's license etc.** that relate to the position you are applying for.

***Note: Applications submitted to Human Resources must be originals; copies are not accepted, resumes will not be accepted in lieu of the tribal application.