



INDIAN HEALTH CARE
RESOURCE CENTER OF TULSA

550 S. Peoria Avenue
Tulsa, OK 74120-3820
Phone: (918) 588-1900 Fax: (918) 382-1227
Website: www.ihcrc.org Email: jobs@ihcrc.org

APPLICANT INFORMATION:

TODAY'S DATE: _____ SOC. SEC. NO.: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip Code

PERMANENT ADDRESS: _____
Street City State Zip Code

PHONE NUMBER: () _____ EMAIL: _____

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

Do you have a CDIB Card? Yes _____ No _____ Degree of Indian Blood/Tribe: _____

Are you authorized to work in the U.S.A.? Yes _____ No _____

Have you ever been employed by Indian Health Care Resource Center of Tulsa? Yes _____ No _____

If yes, give dates and position: _____

Have you ever worked for this organization under a different name?

Yes _____ No _____ Name: _____

If you are related to anyone in our employment, please state his/her name and department:

Referred to us by: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____

Salary Requirements: _____

Are you employed now? _____

If so, may we inquire of your present employer? Yes _____ No _____

Please state why you think you can do the best job: _____

Have you ever been terminated from employment or asked to resign by an employer? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes _____ No _____

Please fill out completely.

A resume will not be accepted in lieu of a completed application. Provide resume separately and in addition to.

EDUCATION	Name & Location	Yr. Attended	Date Graduated	Degree or Major
High School		NA	NA	NA
College				
Graduate School				
Tech / Business				
Other				

Subject of special study, importance, or research work: _____

What language(s) do you speak fluently? _____

FORMER EMPLOYERS: (Starting with most recent)

FILL OUT COMPLETELY

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

MILITARY SERVICE

Selective Service Classification: _____

Branch of Service: _____ Date Entered: _____

Highest Rank: _____ Date of Discharge: _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone #	Business	Yrs Acquainted
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1. _____

2. _____

3. _____

CRIMINAL HISTORY

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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

If yes, when _____ Where _____

Nature of offense _____

Are there any felony charges pending against you? Yes _____ No _____

Have you ever been excluded, suspended or sanctioned by any federal or state health care program?

Yes _____ No _____

If YES, give details: _____

In case of an emergency: _____

Name

Phone No.

Relationship

Indian Health Care Resource Center of Tulsa (IHCRC) is an equal opportunity employer. IHCRC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for IHCRC to hire me. If I am hired, I understand that either IHCRC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of IHCRC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to IHCRC true and complete information on this application. No requested information has been concealed. I authorize IHCRC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature_____
Date

