



NASOMAH HEALTH GROUP
Human Resources Department
3050 Tremont Street
North Bend, OR 97459
Phone: 541-756-0904
Fax: 541-756-0847

APPLICATION FOR EMPLOYMENT

(Please Print or Type Clearly)

GENERAL INFORMATION

The Nasomah Health Group is an Equal Opportunity Employer. We do not discriminate on the basis of age, race, creed, color, sex, religion, disability, marital status, sexual orientation, veteran or other protected status. Native American preference is given within the organization.

Date: _____ Position Applying For: _____

Name: _____
Last First Middle

Street Address: _____
Street City State Zip

Mailing Address (If different from street address): _____

Telephone Number: _____ Message Phone: _____

E-Mail: _____ Cell Phone: _____

Driver's License: _____
Number State Issued Expiration Date

If hired, can you provide proof that you are authorized to work in the United States? Yes No

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Other names you have worked under: _____

Date Available: _____ Salary desired: \$ _____

Ever applied here before? Yes No If yes, when? _____

***The Nasomah Health Group is Proud to be a Drug-Free Workplace.
A Post Job Offer Pre-Employment Drug Screen and
Criminal/Character Background Check are Required.***

The Coquille Indian Tribe Child Protection Ordinance requires you to complete this section of the application. Your application will not be processed if these questions are left blank. Your answers to these questions will be kept confidential as required by Coquille Tribal Law.

Have you ever been convicted of a felony? Yes No

If yes, list felony, location & date: _____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or any crime against persons? Yes No

If yes, please describe the situation, including the disposition of the charge, date, location, and conviction(s). Attach additional pages if necessary. _____

EDUCATION/TRAINING

Enter Last School Grade Completed (1 to 12):
College (1 to 8):
Technical/Business (1 to 4):

Full Name and Location of School(s)	Course of Study	Did you graduate ?		List Diploma or Degree
		Yes	No	
High School		Yes	No	
College		Yes	No	
Other		Yes	No	

SPECIAL SKILLS, QUALIFICATIONS AND TRAININGS: Summarize special job related skills, qualifications and certificates acquired from employment, education or other experience.

Computer Experience: _____

Please fully complete this application. DO NOT WRITE "SEE RESUME". However, a resume may be attached as a supplement along with any other documentation you wish to submit such as transcripts, certificates, training documentations, etc.

EMPLOYMENT HISTORY

Current Employer			Address (Street, City, State, Zip)		
Type of Business:			Phone #:		
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:	
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact (Yes, No, or After Hire)?	
Describe your duties and responsibilities:					
Name Previous Employer			Address (Street, City, State, Zip)		
Type of Business:			Phone #:		
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:	
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact (Yes, No, or After Hire)?	
Describe your duties and responsibilities:					
Name of NEXT Previous Employer			Address (Street, City, State, Zip)		
Type of Business:			Phone #:		
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:	
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact (Yes, No, or After Hire)?	
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Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:	
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact (Yes, No, or After Hire)?	
Describe your duties and responsibilities:					

INDIAN PREFERENCE

Check one:

- First preference: Enrolled Coquille Indian Tribal Member
My enrollment # is _____
- Second preference: Individual married to a Coquille Tribal Member
My Spouse's enrollment # is _____
- Third preference: Members of other Federally Recognized Tribes
My enrollment # is _____ Name of Tribe: _____
- Fourth preference: Veteran
- Fifth preference: All other applicants

REFERENCES: Give names, addresses and telephone numbers of three (3) work related references. (references will be checked)

Name Address Telephone Number

Name Address Telephone Number

Name Address Telephone Number

APPLICANT PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

I hereby give my consent to thoroughly investigate my personal history, references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Nasomah Health Group, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosures.

Further, I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand any false statement on the application may result in my not being hired, or in my dismissal. I understand this application is not a contract of employment.

Applicant's Signature: _____ **Date:** _____

REFERRAL SOURCE

How did you learn of this position? (check all that apply)

- Local Newspaper Advertisement Tribal Mailing Tribal Newsletter Walk In Tribe's Website
- Individual Referral (friend, employee, relative) Other Newspaper _____ Other _____

HUMAN RESOURCES USE ONLY

Position(s) applied for is open: Yes No

Applicant meets minimum qualifications for this position: Yes No

Interview Date/Time: _____

Notification Letter(s) sent: _____