



**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](http://www.ihcrc.org) Email: [jobs@ihcrc.org](mailto: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.

<b>EDUCATION</b>	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**

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

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**MILITARY SERVICE**

Selective Service Classification: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

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**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. \_\_\_\_\_

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**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: \_\_\_\_\_

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In case of an emergency: \_\_\_\_\_

Name

Phone No.

Relationship

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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

# INDIAN HEALTH CARE RESOURCE CENTER

## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION AND AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

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As an applicant for a position with INDIAN HEALTH CARE RESOURCE CENTER OF TULSA, I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualification for this position.

I hereby authorize Indian Health Care Resource Center of Tulsa, its affiliates, subsidiaries, employees or agents, to make inquiry and request all information from individuals both present and former, not limited to but including: motor vehicle records, employers, schools and colleges, credit bureaus, workers compensation records, criminal investigation bureaus, and any other entity that may possess information concerning me or that may be a custodian of records relating to me. I also authorize the above described sources to release all information requested including salary data and subjective evaluations. Procurement of said information and other records may be requested at any time during employment and I hereby release any and all of those sources from liability for doing so.

NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES KNOWN BY \_\_\_\_\_

DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SSN \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUING LICENSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### RELEASE STATEMENT

I HEREBY GRANT FULL PERMISSION TO INDIAN HEALTH CARE RESOURCE CENTER (IHCRC) TO RUN A BACKGROUND CHECK ON ME FOR THE USE AND RELEASE OF INFORMATION AS NECESSARY FOR INVESTIGATION OF MY CRIMINAL RECORD FOR PRESENT AND/OR FUTURE EMPLOYMENT OF THE IHCRC ACCORDING TO PUBLIC LAW 101-647, TITLE II & 226, NOVEMBER 29, 1990, 104, STAT. 4806.

To obtain a copy of your Consumer Credit or Consumer Investigative report you must submit a request in writing to Sterling Testing Systems of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011. Upon receipt of such request, the nature and scope of any consumer report obtained will be disclosed to you. Before any adverse action is taken in whole or in part as a result of information contained in a consumer or investigative report, you will be provided a copy of this report and a summary of your rights under the Fair Credit Reporting Act. ([www.ftc.gov](http://www.ftc.gov))

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE