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INDIAN HEALTH CARE RESOURCE CENTER OF TULSA

550 South Peoria Tulsa, OK 74120
Phone: (918) 588-1900 FAX: (918) 382-1227

PERSONNEL INFORMATION:

DATE: _____ SOC. SEC. NO.: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip Code

PERMANENT ADDRESS: _____
Street City State Zip Code

PHONE NUMBER: ____ (____) _____

Are you 18 years old or older?: Yes _____ No _____

Degree of Indian Blood/Tribe: _____ Have CDIB Card ___Yes ___No

Are you a citizen of 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:

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

Referred by: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____

Salary Expected: _____

Are you employed now?: _____

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

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

Yes _____ No _____ Name: _____

*FOR FUTURE USE BY OFFICE:

If individual knows he/she will not be at this present address six (6) months or longer, please place name of relative or friend for office contact:

EDUCATION

	Name & Location	Yr. Attended	Date Grad.	Degree or Major
Grammar School				
High School				
College				
Trade, Business				
Correspondence Sch.				

Subject of special study, importance, or research work:

What language(s) do you speak fluently? _____

Understand? _____ Read? _____ Write: _____

MILITARY SERVICES:

Selective Service Classification: _____

If 4F or 1 year, give reason: _____

Branch of Service: _____ Date Entered: _____

Highest Rank: _____ Date of Discharge: _____

FORMER EMPLOYERS: (Starting with last one first)

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____	Telephone #			
From _____ To _____	Telephone #			
From _____ To _____	Telephone #			

REFERENCES

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

Name	Address	Business	Years Acquainted
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ARRESTS

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 _____

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

In case of emergency notify:

Name	Address	Phone No.
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Physician: _____

Name	Location	Phone No.
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To the best of my knowledge the information herein is true and complete. I authorize Indian Health Care Resource Center to verify any or all information given and understand falsification of this application will be grounds for dismissal.

Date

Signature of Applicant

INDIAN HEALTH CARE RESOURCE CENTER OF TULSA, INC.

550 South Peoria □ Tulsa OK 74120 □ (918) 588-1900

REQUEST FOR BACKGROUND CHECK

DATE: _____ NAME: _____ DOB: _____

RACE: _____ SEX: _____ SSN: _____

PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE ISSUING LICENSE: _____

OTHER NAMES USED: _____

LOCATION OF PREVIOUS EMPLOYMENT: _____

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 _____

RELEASE STATEMENT

I _____ HEREBY GRANT FULL PERMISSION TO THE BUREAU OF INDIAN AFFAIRS AND OTHER FEDERAL AGENCIES 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 INDIAN HEALTH CARE RESOURCE CENTER ACCORDING TO PUBLIC LAT 101-647, TITLE II & 226, NOVEMBER 29, 1990, 104, STAT. 4806.

The Federal Government (or operated under contract with the Federal Government), that hires (or contracts for hire) individuals involved with the provision to children under the age of 18 of child care services shall assure that all existing and newly-hired employees undergo a criminal history background check.

APPLICANT SIGNATURE

CHIEF EXECUTIVE OFFICER SIGNATURE