



Nebraska Urban Indian Health Coalition
 2240 Landon Court, Omaha NE 68102
 402-346-0902 Fax: 402-342-5290

OTHER				
Misdemeanor				
Date				
Location				
Felony				
Date				
Location				
Theft				
Date				
Location				
Fraud				
Date				
Location				

Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

MILITARY SERVICE

Have you ever served in the US Armed Forces? Yes ___ No ___

Date entered _____ Date separated _____

Branch Served _____ Did you receive honorable discharge? Yes ___ No ___

If no, please explain _____

EMPLOYMENT HISTORY (Start with most recent, please do not write "see resume")
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Are you employed now? Yes ___ No ___ If yes, may we contact your employer? Yes ___ No ___

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____

Telephone Number (____) _____



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Supervisor's Name & Title _____

Hire Date _____ End Date _____

Described duties performed _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____

Telephone Number (____) _____

Supervisor's Name & Title _____

Hire Date _____ End Date _____

Described duties performed _____

Reason for leaving _____

May we contact this employer? Yes ___ No ___

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____

Telephone Number (____) _____

Supervisor's Name & Title _____

Hire Date _____ End Date _____

Described duties performed _____



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Employer _____

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SPECIFY DAY AND HOURS AVAILABLE

Specify days and hours available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Full-time Part-time Temporary Summer Will you travel if required? Yes No

Subjects of special studies or research _____

Special training or skills _____

Career objectives, describe your career goals _____

Languages spoken _____

Speaking Reading Writing Approximate typing speed, wpm? _____

Office computer/equipment skills (type of hardware/software)? _____

REFERENCES				
NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN



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ATTACHMENTS REQUIRED

1. Certifications (Any Educational Degrees, Diplomas, Training Certificates, Etc.)
2. Military I.D. Card (If applicable)
- 3, Copy of Driver's License and Driving Record (Available through Motor Vehicle Division)
- 4, Copy of Tribal Enrollment

CERTIFICATION AND AGREEMENT (Read carefully before signing)

I understand and agree that:

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the Nebraska Urban Indian Health Coalition will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by NUIHC, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that I will be required to take a pre-employment drug test at NUIHC expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job, I am responsible to perform. Failure to submit to such testing will result in termination.
4. I authorize any physician, including my personal physician, to release any information to NUIHC, which may be necessary to determine my ability to perform my assigned duties.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures or NUIHC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by NUIHC to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after introductory period, and that nothing in this application or any other NUIHC document shall be deemed to create any contract of continued employment between me and NUIHC. I understand that my employment beyond any introductory period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

APPLICATE SIGNATURE _____ DATE _____