



Wind River Family & Community Health Care

Human Resources Department

P.O. Box 1310, Riverton WY 82501

Phone 307-856-9281

Email: human.resources@windrivercares.com

Employment Application

Instructions: All sections of this application must be filled out completely, including the names, addresses and phone numbers of your most recent employers. Attach supporting documents, including: Tribal enrollment, honorable discharge (DD214), educational attainment (degrees conferred, transcripts, etc.), professional certification, license, five year Motor Vehicle Record from the DMV and other relevant documents to verify your job qualifications and your eligibility for preference.

PERSONAL

Please Print All Information

Date: _____

Name: _____ Social Security #: _____

Mailing Address: _____

Telephone #: _____ Message #: _____ Email: _____

Driver License #: _____ Class: _____ Endorsement: _____

State Issued: _____ Expiration Date: _____ Date of Birth: _____

For Indian preference please submit a Certificate of Tribal enrollment or a copy of Tribal ID:

Are you an enrolled member of the Northern Arapaho Tribe? _____ If yes, Enrollment #: _____

If no, state nationality or Tribal Affiliation: _____

Submit a five year Motor Vehicle Record from the Department of Motor Vehicles

EMPLOYMENT DESIRED:**Positions Applied for:**

Permanent ____ Yes

Part-time/Temporary ____ Yes

Seasonal ____ Yes

Other ____ Yes

1. _____

2. _____

3. _____

4. _____

If application is still active submit a separate letter of interest for each
Position you wish to be considered for.

Salary Desired:	Date Available:	Have you ever been employed here before? No ____ Yes ____ Dates _____ to _____
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Are you employed now? ____ Yes ____ No

May we contact your employer? ____ Yes ____ No

Referral Source: _____

Do you have an immediate family member working for Wind River Family & Community Health Care? ____ Yes ____ No

Name(s): _____ Relationship(s): _____

Program Name(s): _____

EDUCATION / TRAINING

Education	Name and location of School	Years Attended	Graduate Yes	Graduate No	Degree/Diploma	Field of Study (Major/Minor)
High School/ GED						
College						
Trade/Business or other College						

Indicate License; Certification; Professional Credentials: _____

Subjects of Special Studies: _____

Specify Skills: _____

Clerical Skills: Typing Speed _____ Computer Experience: _____

EMPLOYMENT HISTORY: Please do not indicate "See Resume" on the work performed and list your current employer employer first, additional work performed may be added on a separate sheet if needed

Employer Name and Mailing Address	<div>Dates</div> <div>From To</div>		Work Performed
Job Title			
Supervisor	<div>Hrly. Rate</div> <div>Starting Final</div>		
Supervisor Phone #			
Reason for Leaving			
Employer Name and Mailing Address	<div>Dates</div> <div>From To</div>		Work Performed
Job Title			
Supervisor	<div>Hrly. Rate</div> <div>Starting Final</div>		
Supervisor Phone #			
Reason for Leaving			
Employer Name and Mailing Address	<div>Dates</div> <div>From To</div>		Work Performed
Job Title			
Supervisor	<div>Hrly. Rate</div> <div>Starting Final</div>		
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Reason for Leaving			

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Job Title			
Supervisor	<div>Hrly. Rate/Salary</div> <div>Starting Final</div>		
Supervisor Phone #			
Reason for Leaving			

Employer Name and Mailing Address	<div>Dates</div> <div>From To</div>		Work Performed
Job Title			
Supervisor	<div>Hrly. Rate/Salary</div> <div>Starting Final</div>		
Supervisor Phone #			
Reason for Leaving			

Employer Name and Mailing Address	<div>Dates</div> <div>From To</div>		Work Performed
Job Title			
Supervisor	<div>Hrly. Rate</div> <div>Starting Final</div>		
Supervisor Phone #			
Reason for Leaving			

MILITARY (DD214 required, if claiming veteran preference)

Service Branch	Date Entered	Date Discharged	Rank Attained	Specialty
Special Training	Type of	Discharge		

REFERENCES: List three (3) person who are not related to you and who have definite knowledge of your qualifications for the positions you are applying for. Do not repeat name of supervisors listed under work history.

Name	Address	Business/Title	Phone

1.

2.

3.

State additional comments you feel may be helpful in considering your application.

AUTHORIZATION TO RELEASE INFORMATION AND CERTIFICATION OF ACCURACY

Authorization is hereby given to Wind River Family & Community Health Care to conduct reference and background checks. I also authorize and release every person, firm, previous and current employers, schools, and any other organizations and the Northern Arapaho Tribe, from any and all liability whatsoever resulting from the release of this information.

In the event of my employment with the Wind River Family & Community Health Care, I will comply with all rules, regulations, and policies set forth in the Tribal Personnel Manual, and Management Systems.

I, hereby, certify that the statements made on this application and any documents submitted in support of this application, including but not limited to any resume, transcripts, etc., are true and correct. I understand that misrepresentation or omission of facts in this application or on any of the documents submitted in support of this application shall be cause for rejection of the application or separation from Wind River Family & Community Health Care.

Signature: _____ Date: _____

Wind River Family & Community Health care is a drug free workplace, we require pre-employment alcohol and drug testing.

This Application will retire one (1) year from date of submission.

WIND RIVER FAMILY & COMMUNITY HEALTH CARE PRE-EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

Wind River Family & Community Health Care requires that a criminal investigation be conducted for applicants who qualify to fill certain positions within the organization. An investigation will be conducted of all information listed on this form. Certain positions may also require that applicants provide their fingerprints with the Human Resource Department. If any of the following needs further explanation, please use a separate sheet of paper.

Name: _____
First Middle Last Maiden

Other Names Used: _____ **Telephone #:** _____
Aliases, other last names used, etc.

Address: _____
Street & Number / P.O. Box City State Zip

DOB: _____ **Place of Birth:** _____
City State

Social Security #: _____ **Sex:** ____ Male ____ Female **Race:** _____

Driver's License #: _____ **Current:** ____ Yes ____ No **State Issued:** ____ **Exp. Date:** _____

Other States You Have Held a Driver License:

Date City State

Date City State

Previous Residences: (Go back 10 years)

To _____

Date Date Address City State

To _____

Date Date Address City State

To _____

Date Date Address City State

List any times you were arrested or charged with any violation, including Traffic, but exclude Parking:

(1) _____
Date / Place Charge / Results

(2) _____
Date / Place Charge / Results

(3) _____
Date / Place Charge / Results

Are you aware of any information about yourself, which might tend to reflect unfavorably on your reputation, morals, character or ability as a perspective employee of Wind River Family & Community Health Care? ____Yes ____No If yes, please explain.

Authorization is hereby given to Wind River Family & Community Health Care to request any information and/or to conduct a background and reference check. I hereby certify that the statements and any documents submitted are true and correct to the best of my knowledge. I understand that if I falsify statements contained herein, I may not be considered for employment.

Signature of Applicant _____

Date _____

This application will retire one (1) year from the date submitted.