



# 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, 5 year Motor Vehicle record and other relevant documents to verify your job qualifications and your eligibility for preference.

### PERSONAL

Please Print All Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement: \_\_\_\_\_

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 5 Yr MVR attached \_\_\_\_\_

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: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Positions Applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Permanent \_\_\_\_\_ Yes Part-time/Temporary \_\_\_\_\_ Yes 3. \_\_\_\_\_ 4. \_\_\_\_\_

Seasonal \_\_\_\_\_ Yes Other \_\_\_\_\_ Yes 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	Dates Attended	Graduate	Degree/Diploma	Field of Study
			yes	no	(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	Dates		Work Performed
	From	To	
Job Title			
Supervisor	Hrly. Rate		
	Starting	Final	
Supervisor Phone #			
Reason for Leaving			
Employer Name and Mailing Address	Dates		Work Performed
	From	To	
Job Title			
Supervisor	Hrly. Rate		
	Starting	Final	
Supervisor Phone #			
Reason for Leaving			
Employer Name and Mailing Address	Dates		Work Performed
	From	To	
Job Title			
Supervisor	Hrly. Rate		
	Starting	Final	
Supervisor Phone #			
Reason for Leaving			

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

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**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 prospective 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.