WHITE EARTH TRIBAL HEALTH SYSTEMS
EMPLOYMENT APPLICATION

Desired Position: _____

Full-time or Part-time: _____

Application must be completed in its entirety for consideration. Resumes will only be accepted with a completed application.

Applicant Information

Last Name	First Name	MI	Suffix	Maiden or Other Name(s)

Address	City	State	Zip

Phone 1 ☐Cell ☐Home ☐Work	Phone 2 ☐Cell ☐Home ☐Work	Email ☐Personal ☐Work

Are you legally eligible for employment in the U.S.?
☐ Yes ☐ No

Have you ever been employed by WETHS ?
☐ Yes ☐ No
If Yes, dates of employment: to
Reason for leaving:

Are you related to anyone currently employed by WETHS?
☐ Yes ☐ No
If Yes, name(s):
Relationship:

If the job requires, are you able to travel?
☐ Yes ☐ No
If No, reason:

I am eligible for and wish to claim the following preference(s)*: ☐ Indian Preference ☐ Veterans' Preference
**Proper documentation must be provided.*

How did you learn about this employment opportunity at WETHS? (Check all that apply.)

☐ Newspaper ☐ White Earth Website ☐ Referred by: _____ ☐ IHS
☐ WERBC Employee ☐ Friend/Family ☐ Social Media ☐ Walk-in
☐ Job Bulletin/Posting ☐ Other:

Education

School Name	Address	Diploma, Certificate, or Degree Earned	Major/Minor

Credentials

Please specify credentials, licenses, or professional affiliations, etc., which are relevant to the position for which you are applying.

Skills

Please list technical, clerical, trade, or other skills relevant to the position for which you are applying. Include relevant computer systems, software, and applications with which you have a working knowledge and note your level of proficiency, i.e. basic, intermediate, expert.

Work Experience

Please detail your work history as related to the position for which you are applying, beginning with your current or most recent employer. Attach addition sheets if necessary, but DO NOT use notation, "See Resume."

Name & Address of Employer	Title		Start Date	End Date
	Hours per Week	Starting Wage/ Salary		Final Wage/ Salary
	Duties		Reason for Leaving	
Supervisor's Name				
Title				
Phone	Contact this employer	☐ At any time	☐ Only if I am a finalist candidate	

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Supervisor's Name				
Title				
Phone	Contact this employer	☐ At any time	☐ Only if I am a finalist candidate	

REFERENCES - PLEASE PROVIDE ONE PROFESSIONAL REFERENCE AND TWO PERSONAL REFERENCES.

NAME: OCCUPATION: ADDRESS: PHONE: YRS KNOWN:

1._____

2._____

3._____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete this form, or misrepresentation or omission of facts, represents ground for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize White Earth Tribal Health Systems to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

I agree to submit to a criminal background investigation upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of White Earth Tribal Health Systems serve at-will and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States.

I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first three (3) months of regular employment represent a probationary period, during which I would not be eligible for benefits, to apply for transfer, or promotion, and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

INDIAN PREFERENCE:

**** In order to qualify for Indian Preference, you must complete the following information ****

**** Check ONLY ONE that best describes your Tribal Affiliation. ****

☐ **White Earth Enrolled** **Enrollment Number:**_____ _____
(Must list enrollment number when claiming Indian Preference)

☐ **White Earth Descendent (Must Complete Information Below to claim White Earth Descendent)**

Father's Full Name	Date of Birth	Tribal Affiliation
Mother's Full Name (Including Maiden)	Date of Birth	Tribal Affiliation

☐ **MCT - Minnesota Chippewa Tribe Member – Check One -Enrollment #** _____
(Must list enrollment number when claiming Indian Preference)

- ☐ **Leech Lake / Cass Lake**
- ☐ **Bois Fort / Nett Lake**
- ☐ **Grand Portage**
- ☐ **Fond Du Lac**
- ☐ **Mille Lacs / Sandy Lake**

☐ **Member of a Federally Recognized Tribe** **List Tribe:** _____
Enrollment #____ _____
(Must list enrollment number when claiming Indian Preference)

☐ **White Earth Enrolled Family Member** **List Family Member:** _____
(Must list White Earth Enrolled Family Member currently living with you)

☐ **No Tribal Affiliation or Indian Preference Claimed**

White Earth Compliance Adjudication Department

P.O. BOX 395, Mahnomen, MN. 56557

Criminal Background Check Authorization Form

The following named individual has submitted an application with this agency for a criminal background check.

PLEASE PRINT CLEARLY

First Name of Applicant (please print): _____

Middle Name (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias, or Former Name (please print): _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Sex (circle): MALE / FEMALE **Phone Number:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Driver's License #: _____ **State Issued:** _____ **Exp. Date:** _____

Please provide a **legible copy of your driver's license**. All information must be clearly visible.

Authorization and Release

I hereby authorize the **White Earth Compliance Adjudication Department** to perform a background check as required by Federal, State, or Tribal ordinance for the purpose of employment.

By submitting this form, I authorize the **White Earth Compliance Adjudication Department** to investigate my past records at any time and to ascertain any and all information concerning my past record and character. I understand and agree that any information obtained by the department from any source will be held confidential and will only be disclosed as required by law. My signature/electronic signature below constitutes my voluntary authorization for the release of any and all such information.

This authorization shall remain valid for a period of **one year from the date of signature**.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

DEPARTMENT: _____ BILL TO-: _____

POSITION: _____ ACTION: PRE-SCREEN – PROMOTION - DIRECT HIRE - TRANSFER

DATE REQUESTED _____ REPORTS REQUESTED: STATE MVR PLEASE CIRCLE SAFETY SENSITIVE NON SAFETY

AUTHORIZING SIGNATURE: _____ ADJUDICATOR INITIALS ASSIGNED TO: _____