

Applicant Name: _____ Date: _____

APPLICATION FOR EMPLOYMENT PACKET



Applicants: Please read the following information regarding our hiring process

- ✓ Applications are accepted for current openings only. A resume may be included.
- ✓ Application and other attachments must be complete to be considered for all job openings.
- ✓ If a position requires a Drivers License, you must provide a copy of your license.
- ✓ Your application will remain active for 6 months. If you wish to apply for a job within the 6-month period please call us to have your application be considered.
- ✓ We conduct criminal background, drug testing, education and previous employment history.
- ✓ We will notify all applicants by phone mail or email.
- ✓ Occasionally internal candidates are being considered along with outside applicants.
- ✓ The Healing Lodge is an Equal Opportunity Employer, that also applies our American Indian/Alaska Native preference policy.

Thank you for your interest in applying with us!

Attachments:

- Application for Employment
- Child and Adult Abuse Information Disclosure Statement
- Driver Eligibility Form
- Substance Abuse Policy/Acknowledgement of Receipt (see attachment)
- Applicant Invitation to Self-Identify

APPLICATION FOR EMPLOYMENT

The Healing Lodge of the Seven Nations
 5600 East 8th Avenue, Spokane Valley, WA 99212
 Phone: (509) 533-6910 Fax: (509) 535-2863
 www.healinglodge.org



*The Healing Lodge
 of the
 Seven Nations*

The Healing Lodge shall give preference in employment for all work performed, including contracts there under, to enrolled members of federally recognized tribes and those recognized by the Bureau of Indian Affairs. If The Healing Lodge is unable to fill its employment openings with qualified Indian applicants those employment openings may then be filled by other qualified applicants. BIA form #4432 will be used to document Indian Preference. Other than Indian preference in employment, The Healing Lodge is a Equal Opportunity Employer and ensures that all applicants and its employees are treated equally without regard to race, religion, color, age, sex, marital status, nationality, veteran status or non-disqualifying disability.

Please note: Applications that are incomplete will not be considered for employment. A resume may be attached but will not be considered a replacement for the application.

APPLICANT INFORMATION			
Last Name:		First:	Middle:
Street Address:		Apartment/Unit #	
City:		State:	Zip:
Phone: ()		E-mail Address:	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, drivers license #	State Issued:
Are you a member of a Federally recognized Indian tribe? YES <input type="checkbox"/> NO <input type="checkbox"/>		Tribal Affiliation:	
Position/s applying for:		Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S. for any employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied with us before? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, date applied: / /	Job applied for:
Have you worked for us before? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, employed from: / /	To: / / Position:
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	
EDUCATION			
High School:		City :	State:
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Degree: H.S. Diploma? <input type="checkbox"/> GED? <input type="checkbox"/>	
College:		Address:	City: State:
From: / /	To: / /	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	City: State:
From: / /	To: / /	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
MILITARY SERVICE			
Branch:		From: / /	To: / /
Rank at Discharge:		Type of Discharge:	

PREVIOUS EMPLOYMENT

Company:		Phone ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Job Duties: _____			
From: /	To: /	Reason for Leaving:	
May we contact your previous supervisor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, explain:			

Company:		Phone ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Job Duties: _____			
From: /	To: /	Reason for Leaving:	
May we contact your previous supervisor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, explain:			

Company:		Phone ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Job Duties: _____			
From: /	To: /	Reason for Leaving:	
May we contact your previous supervisor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, explain:			

Company:		Phone ()	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Job Duties: _____			
From: /	To: /	Reason for Leaving:	
May we contact your previous supervisor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, explain:			

DISCLAIMER AND SIGNATURE

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete to the best of my knowledge. I agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize The Healing Lodge to investigate my background, education and driving record thoroughly, including a full consumer report and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that if hired, my employment is not for any specific period or duration and is terminable at will by the employer or myself at any time with or without cause or notice. I understand this application is not a contract. I understand that I am not guaranteed any specific workdays or shift, and that my schedule may be changed as deemed necessary by my supervisor. Notice of such changes will be given as far in advance as possible, taking into account personal commitments as much as possible.

I agree to present personal identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States promptly upon confirmation of hiring, and that failure to do so will void any offer of employment. I understand that employment may be contingent upon a post-offer drug test and/or physical examination by a medical doctor. Upon an offer of employment I authorize the examining doctor, clinic or organization to release to The Healing Lodge any information requests to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Applicant Signature: _____

Date: _____

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

State law (RCW 43.43) provides that the Healing Lodge of the Seven Nations must require applicants for jobs and volunteer positions to provide certain information to the Healing Lodge prior to employment or involvement with the agency. This information will be kept confidential.

Please answer the following questions:

1. Have you ever been convicted of a crime against persons? Yes No

(For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder; first or second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first, second or third degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree mistreatment, or any of these crimes as they may be renamed in the future.)

2. Have you been found in a dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor? Yes No

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? Yes No

(For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following business or professions: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, registered nursing, psychology, and real estate brokers and salesmen.)

If you answered "yes" to any of the above questions, please disclose the information below:

Findings	Date	County and State

NOTICE: The information you have provided will be processed through the Washington State Patrol (WSP) Criminal Identification Unit and the Federal Bureau of Investigations, (FBI) for a Records Examination to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I have been offered a job, my position is conditioned on your receipt of a satisfactory report from the WSP and FBI.

Signature

Date

Printed full name

***Required to complete form if it is part of the job duties to drive one of our company vehicles.**

NOTE: No drivers under the age of 25 or over the age of 79 are eligible to drive our company passenger transportation vehicles (i.e. vans or buses) due to insurance reasons.

- I. Are you under 21 years of age or over the age of 79? Yes No (if "Yes", please skip Section III and sign & date bottom of this form).
- II. *If applying for a Counseling or Skills Coach position, are you 25 yrs of age or older? Yes No (if "No", please skip section III and sign and date the bottom of this form). If you answered "Yes" to this question, please continue to answer the following questions for the last three years:

SECTION III.		Yes	No
1.	Have you had more than two moving violations in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you had more than two accidents in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you had more than one accident in any one year?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you received a speeding violation for more than 80 miles per hour?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you received a speeding ticket for more than 21 miles per hour over the posted speed limit?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you operated a motor vehicle during a time of suspension or revocation of your driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you operated a motor vehicle without a license?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you driven under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you received a careless or reckless driving violation?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been charged with negligent homicide arising out of the use of a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been charged with aggravated assault with a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>

For those applicants who are 71 to 74 years of age, a physician's statement will be required for any driver operating a passenger transportation vehicle (i.e. vans or buses) and if hired will be required on an annual basis.

The information provided above is true to the best of my knowledge and recollection. I understand that The Healing Lodge of the Seven Nations will be requesting my driving history and that I may be denied employment based on the information provided above or on my driving history obtained. Furthermore, if I am employed in a position that requires operating company vehicles, I understand that I may be terminated should any of the above occur during my employment.

Applicant signature

Date

Please print your name

APPLICANT INVITATION TO SELF-IDENTIFY

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Thank you for considering The Healing Lodge of the Seven Nations in your job search. We are an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination with American Native/Alaska Native Preference. In order to evaluate and improve our recruiting processes and to respond to federal recordkeeping and reporting requirements, we invite you to complete this brief form. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for government reporting purposes.

If you choose not to self-identify your sex or race/ethnicity at this time, the federal government requires The Healing Lodge to determine this information by visual survey.

RACE/ETHNIC GROUPS

American Indian or Alaskan Native ó All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White (Not of Hispanic origin) ó All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (Not of Hispanic origin) ó All persons having origins in any of the Black racial groups of Africa.

Asian or Pacific Islander ó All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

Two or More Races (Not Hispanic or Latino)
Persons who identify with two or more race/ethnic categories but are not Hispanic or Latino.

Please Check One:

Not Hispanic or Latino- culture or origin, regardless of race

Hispanic or Latino ó All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Please Check One:

Gender: **Male** **Female**

HOW DID YOU FIND OUT ABOUT THIS POSITION?

- Newspaper Classified Ad
- Employee Referral
- Our Website
- Job Fair

- Internet Job Board Posting
- College Career Center
- State Employment Office
- Other _____

Name: _____ Signature: _____

Position Applying For: _____ Date: _____

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or any other classification protected by Federal, State, or Local law.

TO BE COMPLETED BY HUMAN RESOURCES

EEO-1 Category / Job Group: _____ Date entered into system: _____

Substance Abuse Policy/Acknowledgement of Receipt (see *other attachment*)
(5 pages+ knowledge of receipt)

*****Please complete and return all applicant employment forms (except the Substance Abuse Policy)***

To:

**The Healing Lodge of the Seven Nations
5600 East 8th Avenue, Spokane Valley, WA 99212
Attn: Human Resources
Fax: 509.535.2863**