

<b>1</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR LEAVING _____	IMMEDIATE SUPERVISOR _____
	MAY WE CONTACT _____		
<b>2</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE _____
	MAY WE _____		
<b>3</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE _____
	MAY WE _____		
<b>4</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE _____
	MAY WE _____		
<b>5</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU DO _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE SUPERVISOR _____
	MAY WE CONTACT _____		
<b>6</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE _____
	MAY WE _____		
<b>7</b>	NAME OF _____	ADDRESS _____	TELEPHON _____
	KIND OF _____	WHAT DID YOU _____	
	EMPLOYMENT DATES FROM _____ TO _____	REASON FOR _____	IMMEDIATE _____
	MAY WE CONTACT _____		

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY NAMES PREVIOUSLY EMPLOYED? IF YES, PLEASE IDENTIFY THE NAME(S) \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT) \_\_\_\_\_

IF YOUR APPLICATION IS CONSIDERED FAVORABLY AND NATURE OF THE VIOLATION WILL BE TAKEN INTO ACCOUNT IF YES, EXPLAIN FULLY. ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

<b>REGISTRATIONS, CERTIFICATES OR LICENSES HELD (Include Professional Licenses/Certification and Driver's License)</b>				
CURRENT LICENSE	STAT	NUMBER	YEAR	EXPIR.

NOTE: DEPENDING ON POSITION APPLIED FOR, YOU MAY BE ASKED TO PROVIDE PROOF OF A VALID DRIVER'S LICENSE AND PROOF OF AUTO INSURANCE. AS PART OF ITS SELECTION AND HIRING PROCESS, NA'NIZHOOZHI CENTER INC. REQUIRES ALL OTHERWISE QUALIFIED APPLICANTS TO SUBMIT TO DRUG AND ALCOHOL TESTING IN ORDER TO DETERMINE FITNESS-FOR-DUTY AND TO ENSURE A SAFE AND HEALTHY WORKPLACE FOR ALL OF ITS EMPLOYEES, CLIENTS, AND PATIENTS. TESTING MAY CONSIST OF THE TAKING OF BLOOD, URINE, OR BREATHE SAMPLES, SO ANY OTHER MEDICALLY-RECOGNIZED LAST TEST DESIGNED TO DETECT TO DETECT TRACEABLE AMOUNTS OF DRUGS OR ALCOHOL IN THE BODY. IF YOU ARE UNWILLING UNDERGO SUCH TESTING, PLEASE TO NOT APPLY.

**READ CAREFULLY BEFORE SIGNING**

THESE ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE COMPANY MAY INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED MAY RESULT IN MY IMMEDIATE DISCHARGE. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I ALSO UNDERSTAND THAT MY EMPLOYMENT MAY BE CONTINGENT UPON SUCCESSFUL PASSING A PHYSICAL EXAMINATION GIVEN BY NA'NIZHOOZHI CENTER INC.

I UNDERSTAND THAT ACCORDING TO FEDERAL LAW ALL INDIVIDUALS WHO ARE HIRED MUST, AS A CONDITION OF EMPLOYMENT, PRODUCE CERTAIN DOCUMENTATION TO VERIFY THEIR IDENTITY AND U.S. CITIZEN STATUS OR, IF ALIENS, THEIR LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. AS A RESULT, I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WOULD BE CONTINGENT ON MY ABILITY TO PRODUCE THE REQUIRED DOCUMENTATION WITHIN THE TIME PERIOD REQUIRED BY LAW.

ADDITIONALLY, I AUTHORIZE THE COMPANY TO SUPPLY MY EMPLOYMENT RECORD, IN ITS SOLE DISCRETION, IN WHOLE OR IN PART, TO ANY PROSPECTIVE EMPLOYER, GOVERNMENT AGENCY, OR OTHER PARTY, WITH AN INTEREST THAT THE COMPANY DEEMS APPROPRIATE. I ALSO GRANT PERMISSION FOR THE \_\_\_\_\_

SIGNATURE

-----  
**EQUAL OPPORTUNITY EMPLOYER**  
-----

AS PART OF OUR COMPLIANCE OF DATA FOR EQUAL EMPLOYMENT REQUIREMENTS, NA'NIZHOOZHI CENTER INC. MUST REPORT STATISTICAL INFORMATION ABOUT THE ETHNIC/SEX/HANDICAP COMPOSITION OF OUR APPLICANT FILE. WE WOULD APPRECIATE YOUR HELP IN PROVIDING THE INFORMATION REQUESTED. IT WILL BE KEPT SEPARATE FROM YOUR APPLICATION AND COMPLETELY CONFIDENTIAL. **IT WILL NOT BE USED TO MAKE A DECISION ON WHETHER TO HIRE YOU.** PLEASE DETACH THIS SECTION AND RETURN IT TO THE RECEPTIONIST WITH YOUR APPLICATION. THANK YOU FOR YOUR COOPERATION.

APPLICATION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align:center;">MONTH</td> <td style="text-align:center;">DAY</td> <td style="text-align:center;">YEAR</td> <td colspan="4" style="text-align:center;">AGE</td> </tr> </table>								MONTH	DAY	YEAR	AGE				ETHNIC/SEX CATEGORY <table style="width:100%;"> <tr> <td style="width:5%; text-align:center;">M</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:50%;">ASIAN PACIFICISLANDER</td> <td style="width:5%; text-align:center;">F</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">M</td> <td><input type="checkbox"/></td> <td>HISPANIC</td> <td style="text-align:center;">F</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">M</td> <td><input type="checkbox"/></td> <td>AFRICAN AMERICAN</td> <td style="text-align:center;">F</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">M</td> <td><input type="checkbox"/></td> <td>ORIENTAL</td> <td style="text-align:center;">F</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">M</td> <td><input type="checkbox"/></td> <td>OTHER</td> <td style="text-align:center;">F</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">M</td> <td><input type="checkbox"/></td> <td>NATIVE AMERICAN/ALASKAN</td> <td style="text-align:center;">F</td> <td><input type="checkbox"/></td> </tr> </table>	M	<input type="checkbox"/>	ASIAN PACIFICISLANDER	F	<input type="checkbox"/>	M	<input type="checkbox"/>	HISPANIC	F	<input type="checkbox"/>	M	<input type="checkbox"/>	AFRICAN AMERICAN	F	<input type="checkbox"/>	M	<input type="checkbox"/>	ORIENTAL	F	<input type="checkbox"/>	M	<input type="checkbox"/>	OTHER	F	<input type="checkbox"/>	M	<input type="checkbox"/>	NATIVE AMERICAN/ALASKAN	F	<input type="checkbox"/>	WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH NA'NIZHOOZHI CENTER INC.?  <table style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> WALK-IN</td> <td style="width:50%;"><input type="checkbox"/> EMPLOYEE</td> </tr> <tr> <td><input type="checkbox"/> ADVERTISEMENT</td> <td><input type="checkbox"/> RECALL/REHI</td> </tr> <tr> <td><input type="checkbox"/> EMPLOYMENT</td> <td><input type="checkbox"/> OTHER _____</td> </tr> </table>	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> RECALL/REHI	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> OTHER _____
MONTH	DAY	YEAR	AGE																																																	
M	<input type="checkbox"/>	ASIAN PACIFICISLANDER	F	<input type="checkbox"/>																																																
M	<input type="checkbox"/>	HISPANIC	F	<input type="checkbox"/>																																																
M	<input type="checkbox"/>	AFRICAN AMERICAN	F	<input type="checkbox"/>																																																
M	<input type="checkbox"/>	ORIENTAL	F	<input type="checkbox"/>																																																
M	<input type="checkbox"/>	OTHER	F	<input type="checkbox"/>																																																
M	<input type="checkbox"/>	NATIVE AMERICAN/ALASKAN	F	<input type="checkbox"/>																																																
<input type="checkbox"/> WALK-IN	<input type="checkbox"/> EMPLOYEE																																																			
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> RECALL/REHI																																																			
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> OTHER _____																																																			
TYPE OF JOB APPLIED <table style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> OFFICIAL &amp; PROFESSIONAL</td> <td style="width:50%;"><input type="checkbox"/> CRAFTSMEN</td> </tr> <tr> <td><input type="checkbox"/> TECHNICIANS</td> <td><input type="checkbox"/> OPERATIVES</td> </tr> <tr> <td><input type="checkbox"/> CLERICAL</td> <td><input type="checkbox"/> LABORERS</td> </tr> <tr> <td><input type="checkbox"/> COUNSELOR</td> <td><input type="checkbox"/> SERVICE WORKERS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> BHT'S</td> </tr> </table>	<input type="checkbox"/> OFFICIAL & PROFESSIONAL	<input type="checkbox"/> CRAFTSMEN	<input type="checkbox"/> TECHNICIANS	<input type="checkbox"/> OPERATIVES	<input type="checkbox"/> CLERICAL	<input type="checkbox"/> LABORERS	<input type="checkbox"/> COUNSELOR	<input type="checkbox"/> SERVICE WORKERS		<input type="checkbox"/> BHT'S																																										
<input type="checkbox"/> OFFICIAL & PROFESSIONAL	<input type="checkbox"/> CRAFTSMEN																																																			
<input type="checkbox"/> TECHNICIANS	<input type="checkbox"/> OPERATIVES																																																			
<input type="checkbox"/> CLERICAL	<input type="checkbox"/> LABORERS																																																			
<input type="checkbox"/> COUNSELOR	<input type="checkbox"/> SERVICE WORKERS																																																			
	<input type="checkbox"/> BHT'S																																																			