



MISSOULA URBAN INDIAN HEALTH CENTER

406.829.9515
830 West Central, Missoula MT 59801
www.muihc.org

For an application to be consider as complete, the following must be turned in to MUIHC for consideration:

Name: _____

Position applied for: _____

	<u>Date Rcv'd / Initials</u>
1. A completed MUIHC application	<input type="text"/>
2. Resume	<input type="text"/>
3. Proof of Education required for position (Education Transcripts, Proof of High School Diploma or GED and/or College/Secondary Education Degree	<input type="text"/>
4. Three (3) Professional References	<input type="text"/>
5. Proof of Native American Preference*, <i>as applicable</i> [via BIA Verification of Indian Preference]	<input type="text"/>
6. Proof of Valid Montana Driver's License	<input type="text"/>

Incomplete applications will not be accepted

***Please note MUIHC is subject to hiring under Indian Preference as outlined in Authority:**
Title 25 United States Code (U.S.C.) §472, §472a, and §479 & Title 42 Code of Federal Regulations (CFR) Part 136, Subpart E

APPLICATION FOR EMPLOYMENT

Position applied for: _____

Date of Application: _____

Section 1 – Personal Data [PLEASE PRINT CLEARLY]

Applicant Name: _____

Address: _____

[City]

[State]

[Zip]

Phone Number: _____ Email Address: _____

Are you legally able to perform duties of job applying for? Yes No Do you
have a valid MT Driver's License? Yes No Are you legally
eligible for employment in the USA? Yes No

Are you claiming Native American Preference*? Yes No

[If yes, please, provide verification of Tribal Enrollment or Descendancy and attach to this application.]

Are you willing to consent to a pre-employment background check? Yes No

If yes, have you ever been convicted of a crime**? Yes No

Section 2 – Educational and / or Training

High School Diploma/GED/HiSET? Yes No

Name of School: _____ City/State: _____

Highest Level Post-Secondary Degree? AA BA/BS MA Other: _____

Name of School: _____ City/State: _____

Training Length: _____ Date Completed: _____ Graduated? Yes No

Major: _____ Minor: _____

Section 3 – Employment History [List most recent work experience first]

Are you currently employed? Yes No

May we contact your current employer? Yes No

Employer: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

[Street]

[City/State/Zip]

Job Title: _____ Employment Dates: ____/____ to ____/____
[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

Employer: _____ Phone: _____

Address: _____ Supervisor: _____
[Street] [City/State/Zip]

Job Title: _____ Employment Dates: ____/____ to ____/____
[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

Employer: _____ Phone: _____

Address: _____ Supervisor: _____
[Street] [City/State/Zip]

Job Title: _____ Employment Dates: ____/____ to ____/____
[MM] [YR] [MM] [YR]

Reason for leaving: _____

Brief Job Description (duties, skills, equipment used, etc.):

Section 4—Additional Information, that could help you qualify for this position [Use additional pages, if needed]

Job-related/Professional Volunteer Work: _____
[Organization/Position] [City/State]

Phone: _____ Supervisor: _____ Dates: ____/____ to ____/____

Licenses, Certificates, Special Skills, etc.: _____

Section 5 – References [Professional References preferred]

Name	Phone Number	Relationship
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I certify that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that if employed, any false statement on this application can be considered cause for dismissal. I have received notice that a criminal background check will be conducted, prior to employment. I understand my right to obtain a copy of any criminal history report made available to the Missoula Urban Indian Health Center and my right to challenge the accuracy and completeness of any information contained in the report. I authorize the release of information from past employers as part of the screening process and hold the Missoula Urban Indian Health Center harmless from obtaining and utilizing that information.

Signature of Applicant

Date

MUIHC pre-employment screening does not limit decision based on applicant’s disclosure of protected class status and/or criminal history. MUIHC does not discriminate based on race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin (*per Section 49-3-202, MCA*). **Any disclosure of criminal history, including a conviction of a crime is not an automatic bar to employment.