



INDIAN HEALTH BOARD OF MINNEAPOLIS
 1315 East 24th Street
 Minneapolis, MN 55404 Phone: (612) 721-9800

EMPLOYMENT APPLICATION

Position(s) Desired: _____

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone () _____ - _____
City, State, Zip			Other Telephone () _____ - _____
Have you ever applied for employment with the Indian Health Board of Minneapolis, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month & Year _____ Department _____			Social Security # _____-_____-_____
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Tribal Affiliation and Enrollment # _____ _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special training or skills (languages, machine operation, etc.)			When will you be available to begin work?
List any relatives currently employed at IHB-M: _____			Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Referral Source: Advertisement Walk in Employee Other _____

THE INDIAN HEALTH BOARD OF MINNEAPOLIS IS AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY.
WE ARE AN EMPLOYMENT AT-WILL COMPANY.

EMPLOYMENT HISTORY	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name	Telephone () _____ - _____
	Address	Employment From _____ To _____
	Name of Supervisor	Annual Salary Start _____ Last _____
	Job Title and Responsibilities	Reason For Leaving

2	Company Name	Telephone () _____ - _____
	Address	Employment From _____ To _____
	Name of Supervisor	Annual Salary Start _____ Last _____
	Job Title and Responsibilities	Reason For Leaving

3	Company Name	Telephone () _____ - _____
	Address	Employment From _____ To _____
	Name of Supervisor	Annual Salary Start _____ Last _____
	Job Title and Responsibilities	Reason For Leaving

REFERENCES

List two persons not related to you that you have known for at least one year.

Name	Telephone () _____ - _____
Name	Telephone () _____ - _____

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misinformation or withholding of facts on this application may result in my dismissal.

I give the employer the authority to investigate all educational and personal references.

I understand and agree that my employment is at-will and I may resign my employment at any time for any reason or for no reason, and the Indian Health Board of Minneapolis reserves the right to terminate my employment under the same conditions.

Signature _____

Date _____