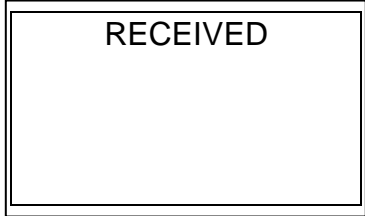




www.nortonsoundhealth.org

**NORTON SOUND
HEALTH CORPORATION**

RETURN COMPLETED APPLICATION TO:
NSHC – Human Resources
P.O. Box 966
Nome, AK 99762
Ph: 907-443-4573 Fax: 907-443-2085
Toll free 1-888-559-3311



Employment Application

Thoroughly complete the Employment Application form. Incomplete applications will be disqualified. Employment Applications for positions not being advertised will not be accepted. An Employment Application form must be completed for each position you are apply for and must be submitted to NSHC by the closing date for "standard" positions or until the position is filled for those positions determined to be "hard to fill". Resumes will not be accepted in lieu of a completed application, but may be attached to the NSHC Employment Application as additional information.

All employment with NSHC is considered "at will" employment. Nothing in NSHC's employee handbook, personnel policies, or any other company document (including the Employment Application) may be understood or interpreted as creating guaranteed or continued employment. NSHC reserves the right to terminate any "at will" employee at any time with or without cause. Likewise, any employee is free to terminate his/her employment with NSHC at any time, with or without reason.

****PLEASE PRINT CLEARLY****

Position Title Applying For :		Where or from whom did you hear about the job?	
You are willing to work: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call <input type="checkbox"/> Date you can start working:		Date of Application	
First Name	Middle Name	Last Name	
Permanent Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Home Telephone Number	Daytime Telephone Number/Cell Phone	Email Address	
Have you worked for NSHC before? Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____ Reason for leaving? _____			
If you are under 18 years of age will you be able to provide a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you travel? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often: Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom <input type="checkbox"/>			
As a PL 93-638 contractor, NSHC is required to give preference to qualified Alaska Native/American Indian applicants. If you are Alaska Native/American Indian you may volunteer this information. NSHC may require proof in determining eligibility for native preference.			
For purposes of determining eligibility for positions that require Native preference, are you an American Indian or Alaska Native? Yes <input type="checkbox"/> No <input type="checkbox"/> ANCSA Corporation or Tribal Affiliation: _____			
Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>			

[All 9 pages of the application must be submitted. Incomplete applications will be disqualified.]

List your current and most recent work experience. Include related internships, military and volunteer work and employment for the past 10 years. Use additional paper if needed. This section must be completed, even if a resume is submitted.

Current Employer		City and State	
Telephone Number		Supervisor's Name/Title	
Position Title		Why you are leaving	
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Hours worked per week
Describe your duties [A notation to "See Resume" will not be accepted.]:			

Previous Employer		City and State	
Telephone Number		Supervisor's Name/Title	
Position Title		Why you are leaving	
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Hours worked per week
Describe your duties [A notation to "See Resume" will not be accepted.]:			

Previous Employer		City and State	
Telephone Number		Supervisor's Name/Title	
Position Title		Why you are leaving	
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Hours worked per week
Describe your duties [A notation to "See Resume" will not be accepted.]:			

Previous Employer	City and State		
Telephone Number	Supervisor's Name/Title		
Position Title	Why you are leaving		
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe your duties [A notation to "See Resume" will not be accepted.]:			Hours worked per week

Previous Employer	City and State		
Telephone Number	Supervisor's Name/Title		
Position Title	Why you are leaving		
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe your duties [A notation to "See Resume" will not be accepted.]:			Hours worked per week

Previous Employer	City and State		
Telephone Number	Supervisor's Name/Title		
Position Title	Why you are leaving		
Salary: \$	Hour <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/> Year <input type="checkbox"/>
Employed From -- To			--
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was this a Supervisory position: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe your duties [A notation to "See Resume" will not be accepted.]:			Hours worked per week

EDUCATION

	Name and Location	Degree or Certificate
High School Highest grade completed: _____		Did you receive your high school diploma: Yes <input type="checkbox"/> No <input type="checkbox"/> Did you receive a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational Training		
College-Dates Attended From: To:		Date Received: Degree Earned:
College-Dates Attended From: To:		Date Received: Degree Earned:
College-Dates Attended From: To:		Date Received: Degree Earned:

List any additional skills (computer experience), certificates, job related training or apprenticeship programs relevant to the position you are applying for:

List any professional organization to which you belong:

PROFESSIONAL REFERENCES (Must list at least 3. Do not list family members.)

Name & Address	Title	Organization	Phone

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed:

BACKGROUND

A criminal history record check is a condition of employment, and you are required to consent, in writing, to a criminal history record check, including the submission of any necessary fingerprints and forms. Local, state, national, or other databases may be searched as part of the background check.

NSHC is required to complete a background check on all applicants, under a number of state and federal laws, including the Indian Child Protection and Family Violence Prevention Act of 1990, Public Law 101-630; State of Alaska, Barrier Crimes Legislation, 7 AAC 10; Section 231 of the Crime Control Act of 1990, Public Law 101-647; and Medicaid/Medicare law, 42 C.F.R. Part 1001.

YOU MUST ANSWER ALL OF THESE QUESTIONS TRUTHFULLY.

False or misleading answers may result in criminal charges, disqualification for employment, or immediate termination of employment.

a. Have you ever been arrested or charged with a **crime involving a child**? If yes, provide the date, explanation of the violation, disposition or the arrest or charge, place of occurrence, and the name and address of the police department or court involved. YES NO

b. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact, or prostitution, crimes against persons; or offenses committed against children**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

c. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving Medicaid, Medicare, any state health care program**, including any offense related to the delivery of an item or service under one of these programs? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

d. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving a controlled substance**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

BACKGROUND CONTINUED

e. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any other felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

f. Have you ever been **arrested or charged with any felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the arrest and/or charge, date and place of the arrest, the name and address of the police department or court involved, and indicate whether or not any court action is pending regarding the arrest or charge. YES NO

g. Have you ever been subject to a **disciplinary or other adverse action by a licensing board or state agency**? If yes, please explain. YES NO

ACKNOWLEDGEMENT

You must sign, under penalty of perjury, a statement verifying the truth of all information provided in the employment application and acknowledging that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment or both. I understand my right to obtain a copy of any criminal history report made available to NSHC and my rights to challenge the accuracy and completeness of any information obtained in the report.

_____ Date: _____
APPLICANT'S SIGNATURE

Note: A conviction will not automatically disqualify you for employment. The nature of the conviction and relevance to the position applied for will be evaluated. However, applicants who provide false or misleading application information will be disqualified from employment.



NORTON SOUND

HEALTH CORPORATION

RELEASE OF INFORMATION AUTHORIZATION

As evidence of my desire to obtain employment with Norton Sound Health Corporation, I empower Norton Sound Health Corporation and/or its agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies (including the Bureau of Criminal Apprehension), worker's compensation agencies or individuals, relating to my past activities; to supply any and all information concerning my background, and release the same from any liability resulting from providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, financial records, driving history, disciplinary and conviction records.

By my signature below, I hereby release an individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I agree that a photocopy of this authorization can be accepted with the same authority as the original and this release expires one year after the date of origination.

Signature: _____ Date: _____

Last Name		First Name		Middle Name
Previous Name/Maiden Name		Social Security #		Date of Birth
P.O. Box		Street Address		
City		State	Zip Code	
Driver's License/State Identification #		State of License/Identification		

[Please do not leave any spaces blank.]



**NORTON SOUND
HEALTH CORPORATION**

P.O. Box 966 * Nome, Alaska 99762

COLLEGE DEGREE VERIFICATION (Please use a separate form for each college/university/training center.)

TO BE COMPLETED BY APPLICANT

University/College Name		
Mailing Address	Telephone:	Fax Number:
City	State	Zip Code

APPLICANT INFORMATION

First Name and Middle Initial	Last	Previous Name/Maiden Name
Social Security #	Degree Received	Date Received

I have applied for a job at Norton Sound Health Corporation and authorize you to release information to NSHC verifying the type of degree and degree that I received from your institution.

I hereby authorize any individual or institution to furnish NSHC with any information they have regarding my educational credentials. I hereby release the individual and institution from all liability or any damage whatsoever incurred in furnishing such information.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY THE INSTITUTION

Field of Study/Major	Number of Credits Completed	
Degree Received	Date Degree Received	
Name of Person Completing the Verification	Title	Phone Number

I certify that the above named individual has attended this university/college and has obtained the degree as noted above.

Signature: _____ Date: _____

Please return this completed form in the provided self-addressed envelope and/or fax it to (907)-443-2085. Any questions, please phone the HR Department at (907)443-4573.

APPLICANT'S CERTIFICATION & AGREEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, such as benefits application forms, or during any interviews, can be justification for refusal of employment, or, if already employed, termination of NSHC's employment.
2. Employment at NSHC is "at-will," which means that either NSHC or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Only the President/CEO has the authority to make offers with regard to guaranteed or continued employment and any such offers are only effective if placed in writing and signed by the President/CEO.
3. **Any offer of employment I may receive from NSHC is contingent upon my successful completion of NSHC's total pre-employment screening process.** This may include but is not limited to: criminal background check results, receipt of references, and my successful completion of any post-offer pre-employment medical examination or drug testing that NSHC may require. I also agree, if employed, to submit to a medical examination at any time at the company's request according to NSHC guidelines. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to NSHC.
4. In processing my application for employment, NSHC may verify all the information provided by me, or may procure or have prepared a consumer or an investigative report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, licensure/certification(s) and credit record.
5. I authorize and request that all of my present and former employers and those individuals that I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualification for employment, hereby releasing them and NSHC and their employees from any and all liabilities for damages arising from furnishing or receiving the requested information.
6. I understand that NSHC maintains a drug-free work place in accordance with HR 5210, the Anti-Drug Abuse Act of 1988. All offers of employment will be contingent upon passing a pre-employment drug test. I also understand and agree that, if employed, I may be required to submit to a drug screening at any time at the discretion of NSHC. I hereby consent to have any results of any such drug screening I may be required to undergo disclosed to NSHC.
7. The terms and conditions stated in the offer of employment letter given by Human Resources supercedes and cancels any prior agreement, understanding, promise or representation, oral or written, made to you during the application process by any NSHC representative.
8. You must sign, under penalty of perjury, a statement verifying the truth of all information provided in the employment application and acknowledging that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment or both.

Applicant Signature

Date

Printed Name: _____

[If the application form is not completed thoroughly, and all applicable pages requiring a signature is missing, the application form will be returned to you. If you fail to provide the information required, the processing of your application may be subject to delay or disqualification.]