



# Oklahoma City Area Inter-Tribal Health Board

## Affirmative Action Form

The following information is requested for purposes of obtaining data that will enable us to follow the OCAITHB Affirmative Action policies and let us know how you learned about this job. All information you provide is confidential and any disclosure of your Social Security Number, gender, ethnic group/race is voluntary. Disclosing your Social Security Number is voluntary but will be required upon hiring.

Please Print or Type

**Position**

**Title:**

|              |       |      |                      |
|--------------|-------|------|----------------------|
| <b>Name:</b> |       |      | <b>Social Sec. #</b> |
| LAST         | FIRST | M.I. |                      |

**Mailing Address**

|                   |                  |                |       |          |
|-------------------|------------------|----------------|-------|----------|
| STREET            | APT#             | CITY           | STATE | ZIP CODE |
| ( ) -             | ( ) -            |                |       |          |
| HOME PHONE NUMBER | ALTERNATE NUMBER | E-MAIL ADDRESS |       |          |

**Gender:**  Female  Male

**Referral Source:** How did you learn about this position? Mark all boxes applicable from the list below.

- Bulletin Boards
- Job Line
- Employment Centers
- Web Site
- Community Center
- Employee referral
- Friend/word of mouth
- Community agency or group referral: specify \_\_\_\_\_
- Other Web Site \_\_\_\_\_
- Newspaper: specify \_\_\_\_\_ date: \_\_\_\_\_
- Other: \_\_\_\_\_

### Affirmative Action Data

**Ethnic Group/Race** (Voluntary)

Please mark only ONE ethnic group with which you most identify.

- B**  **African American/Black:** Persons having origins in any of the black racial groups of Africa.
- I**  **American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- A**  **Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
- H**  **Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
- W**  **White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

## **Disability**

**Do you meet the following disability definition?**     YES    NO    A disability is a *permanent physical, mental or sensory condition that substantially limits one or more of your major life activities*. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. Substantially limits means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

**Will you need accommodation in the application or testing process?**     YES    NO

If you checked the "YES" box, the human resources staff person coordinating this recruitment will send you a request asking for additional information.

## **Veteran Status**

Dates Served: \_\_\_\_\_ to \_\_\_\_\_.

**Vietnam-era Veteran**     YES    NO

[Percent of disability: \_\_\_\_\_%] "A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

**Special Disabled Veteran**     YES    NO

[Percent of disability: \_\_\_\_\_%] "A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability."

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## **Indian Preference**

The Oklahoma City Area Inter-Tribal Health Board is an equal opportunity employer and encourages all qualified applicants to apply for open positions. Indian hiring preference may apply to some positions (as defined in Title 25, US Code Sections 44-46.)

**If you are an American Indian, Alaska Native, Aleut, or Eskimo from a U.S. Federally recognized tribe, you may be eligible to claim Indian preference. Documentation of BIA or Tribal enrollment in a Federally recognized tribe will be required to determine Indian Preference.**

**Do you wish to claim Indian preference?**

- Yes  
 No

**If yes, is documentation attached?**

- Yes  
 No (If not, documentation must be provided prior to employment.)
- 

**I certify that the information provided above is accurate and true, and may be subject to verification. I understand that falsification of any information requested above may disqualify my application and/or be grounds for dismissal.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



# Oklahoma City Area Inter-Tribal Health Board

Application for Employment

**Position Title:** \_\_\_\_\_

|  |   |   |
|--|---|---|
| <p><b>Disclosure of your Social Security Number is voluntary. It is used for applicant tracking purposes and unless the position for which you are applying requires a background investigation, will not be disclosed to third parties prior to an offer of employment.</b></p> | <p><b>Oklahoma City Area Inter-Tribal Health Board</b><br/> <b>701 Market Dr.</b><br/> <b>Oklahoma City, OK 73114</b></p> | <p><b>Phone:</b><br/>405-951-6005 ext. 103<br/> <b>Fax:</b><br/>405-951-3902<br/> <b>Web address:</b><br/> <a href="http://www.ocaithb.org">www.ocaithb.org</a></p> |
|--|---|---|

|   |                         |                  |  |                              |                             |
|---|-------------------------|------------------|--|------------------------------|-----------------------------|
| Last Name   |                         | First Name       |  | Middle Initial               |                             |
| Street Address  |                         | City             |  | State Zip Code               |                             |
| Social Security Number  |                         | Home Phone       |  | Name and Message Phone No.   |                             |
| -   |                         | ( ) -            |  | ( ) -                        |                             |
| Are you currently a OCAITHB employee?   |                         |                  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you previously worked for OCAITHB?   |                         |                  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 18 years or older?  |                         |                  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you provide documentation that authorizes you to work in the United States of America?  |                         |                  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High School   | Location (City )        | Location (State) | <input type="checkbox"/> Yes <input type="checkbox"/> No Graduate/G.E.D. |                              |                             |
| College or University   | Location (City & State) | Dates (From/To)  | <input type="checkbox"/> Yes <input type="checkbox"/> No Graduate        |                              |                             |
|   |                         | / to /           |  |                              |                             |
| Degree Title  | Date                    | Major            | Credit Hours   |                              |                             |
| Other Training  | Location (City & State) | Dates (From/To)  |  |                              |                             |
|   |                         | / to /           |  |                              |                             |
| Other Training  | Location (City & State) | Dates (From/To)  |  |                              |                             |
|   |                         | / to /           |  |                              |                             |
| Other valid professional licenses and certificates  | Type of License:        | Issuing State    | Registration No.:  | Expiration Date              |                             |
| Names of relatives employed by OCAITHB  |                         | Relationship     |  |                              |                             |
| Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                  |  |                              |                             |
| If yes, for what were you convicted? _____  |                         |                  |  |                              |                             |
| NOTE: A conviction will not necessarily bar you from employment and will be considered only if it relates reasonably to the job duties.   |                         |                  |  |                              |                             |
| I certify that all statements on my application materials are true to the best of my knowledge. I understand that false statements shall be sufficient cause for elimination from further consideration or, if employed, for disciplinary action up to and including termination. Unless otherwise indicated. <b>I agree and give my consent that any person, firm or organization listed herein is authorized to furnish OCAITHB with reference material concerning my character, past employment or any other information requested. Further, I understand that at the time of hire I will be required to provide documentation that authorizes me to work in the United States of America.</b> |                         |                  |  |                              |                             |
| <b>Signature:</b>   |                         |                  |  | <b>Date:</b>                 |                             |

| For HR Use Only                   |   |   |      |
|-----------------------------------|---|---|------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Accepted subject to: | <input type="checkbox"/> Disqualified <input type="checkbox"/> Experience   | Int. |
|                                   |   | <input type="checkbox"/> Education <input type="checkbox"/> Other (specify) | Date |
| Action:                           |   |   |      |

**Previous Employment This section must be completed in detail.** A resume will not substitute for a completed OCAITHB application unless the job posting so indicates. Beginning with your present or most recent employment, list work experience gained during the past 10 years. Include any periods of self-employment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach additional sheets.

|   |                             |   |  |
|---|-----------------------------|---|--|
| Job Title                                 |                             | Employer's Name and Address   |  |
| Supervisor's Name                         |                             |   |  |
| Supervisor's Phone Number<br>( ) -        | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ to /        | Hours per week:             | Last Salary \$  |  |
| Duties:                                   |                             |   |  |
| Reason for leaving or considering change: |                             |   |  |
| Job Title                                 |                             | Employer's Name and Address   |  |
| Supervisor's Name                         |                             |   |  |
| Supervisor's Phone Number<br>( ) -        | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ to /        | Hours per week:             | Last Salary \$  |  |
| Duties:                                   |                             |   |  |
| Reason for leaving:                       |                             |   |  |
| Job Title                                 |                             | Employer's Name and Address   |  |
| Supervisor's Name                         |                             |   |  |
| Supervisor's Phone Number<br>( ) -        | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ to /        | Hours per week:             | Last Salary \$  |  |
| Duties:                                   |                             |   |  |
| Reason for leaving:                       |                             |   |  |
| Job Title                                 |                             | Employer's Name and Address   |  |
| Supervisor's Name                         |                             |   |  |
| Supervisor's Phone Number<br>( ) -        | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ to /        | Hours per week:             | Last Salary \$  |  |
| Duties:                                   |                             |   |  |
| Reason for leaving:                       |                             |   |  |