

Employment Application

Thoroughly complete the Employment Application form. Incomplete applications will be disqualified. Employment
Date

EDUCATION

	Name and Location	Degree or Certificate
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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

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.



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 authorize the release of the above information to Norton Sound Health Corporation and its agents.



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

