



## JOB APPLICATION

### American University of Indigenous Medicine DBA Infinitely Healing Indigenous Priory

672 W 220 S Bldg A, Pleasant Grove, Utah 84062  
(385) 602-6050 / (385) 787-1193

American University of Indigenous Medicine, DBA Infinitely Healing Indigenous Priory is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

#### **Applicant Information**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours / shift are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if hired? \_\_\_\_\_

Do you have reliable transportation if hired? \_\_\_\_\_

**Personal Information**

Are you a U.S. citizen or approved to work in the United States? (if not a citizen, list documents proving ability to legally work within the United States if applicable.) Yes\_\_\_ No \_\_\_

Are you currently enrolled and/or a member of a Native Tribe or Tribal network? Yes\_\_\_ No \_\_\_

*If you are currently enrolled and/or a member of a Native Tribe or Tribal network please explain below.*

Are you currently a provider/member of the Turtle Island Indigenous Priory Provider network? Yes\_\_\_ No \_\_\_

*If you are currently a provider/member of the Turtle Island Indigenous Priory please explain below.*

Have you ever been convicted of a criminal offense (felony or misdemeanor) Yes\_\_\_ No \_\_\_

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

*(Note: No applicant will be will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered. A background check may be required to ensure patient safety and a safe practice environment for other healthcare providers. Any relevant information to the position(s) applied for that is willfully concealed may be determined as reliable cause for immediate dismissal of this job application and the application process.)*

**Job Skills / Qualifications**

*Please list below the skills and qualifications you possess for the position(s) for which you are applying:*

*(Note: American University of Indigenous Medicine, DBA Infinitely Healing Indigenous Priory complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military**

Are you a member of the Armed Services? Yes\_\_\_ No \_\_\_

What branch of the military did you enlist? Air Force \_\_\_ Army\_\_\_ Coast Guard \_\_\_ Marines \_\_\_ Navy \_\_\_

Other: \_\_\_\_\_

What was your military rank when discharged? Rank \_\_\_\_\_

What was your MOS, title or function during your service?: \_\_\_\_\_

How many years did you serve in the military? From: \_\_\_\_\_ To: \_\_\_\_\_

Were you given an honorable discharge? Yes\_\_\_ No \_\_\_

What skills do you have that would be an asset to your applied position(s)?

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**Previous Employment**

**Employer Name:**

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Job Title:

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Supervisor Name:

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Employer Address:

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City, State and Zip Code:

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Employer Telephone:

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Dates Employed:

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Reason for Leaving:

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**Employer Name:**

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Job Title:

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Supervisor Name:

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Employer Address:

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City, State and Zip Code:

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Employer Telephone:

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Dates Employed:

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Reason for Leaving:

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**Employer Name:**

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Job Title:

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Employer Address:

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City, State and Zip Code:

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Employer Telephone:

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Dates Employed:

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Reason for Leaving:

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**Do you have an attached Resume and/or Cover Letter?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you have any qualifications, certificates, licensure have copies been made for our review and records?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

*(Please provide 3 professional references below)*

Reference 1	Phone/Email
Reference 2	Phone/Email
Reference 3	Phone/Email

**AT-WILL EMPLOYMENT**

The relationship between you and the American University of Indigenous Medicine, DBA Infinitely Healing Indigenous Priory is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the American University of Indigenous Medicine, DBA Infinitely Healing Indigenous Priory. No representative of American University of Indigenous Medicine, DBA Infinitely Healing Indigenous Priory has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Officers to include the Owner/Operator/Medical Director or the companies designated Human Resources Executive.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_