
Karuk Community Health Clinic

64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Vacancy Announcement

The Karuk Tribe is now accepting applications for the position of:
Dental Director/Dentist

This is a full time position based in the Yreka Dental Clinic located at 1519 South Oregon Street in beautiful Yreka, California.



Applicants MUST be licensed to practice dentistry in the State of California. Tribal (TERO) and Veteran's Preference shall apply. If selected, applicants must successfully pass a drug screening test and be willing to submit to a criminal background check. Individuals interested in applying for this position must submit an employment application to the Human Resources Department.

(This position will remain open until filled.)

Position Posted On: 8/25/2014 12:29 PM

POSITION DESCRIPTION

- Title:** Dental Director/Dentist
- Reports To:** Executive Director of Health and Human Services
- Supervises:** Clinic Dentists, Dental Manager, Registered Dental Hygienists, Registered Dental Assistants, Dental Assistants, Yreka Dental Receptionist
- Location:** Yreka Dental Clinic
- Salary:** Depends on experience
- Classification:** Full Time, Regular, Exempt
- Summary:** As the Dental Director shall be responsible to capably oversee the Tribal Dental Program under the Administrative jurisdiction of the Karuk Tribe. Shall be responsible for the development and coordination of all dental policies and procedures. Shall be responsible for the annual review and if needed revision of the Dental Fee schedule. Shall be responsible for the coordination and monitoring of all Dental Continuous Quality Improvement Activities, and shall serve as a member of the Accreditation Continuous Quality Improvement Committee (ACQI). Shall review all contracts with other dental providers and offer professional advice to the Executive Director. Shall attend Karuk Tribal Health Board Meetings and/or provide board reports as requested.
- As the Dentist shall provide primary dental care, dental staff supervision, coordinate training activities and institute preventative dental care programs. Shall demonstrate the ability to appropriately diagnose and treat program patients of all ages to achieve the best results possible, within an estimated treatment time, with maximum concern for patient comfort and deliver quality care, then appropriately document: findings, diagnosis, patient's medication conditions, allergies, patient's general oral health and treatment rendered.
- Responsibilities:**
1. Demonstrates the ability to sufficiently provide direction of dental services, which includes development of protocols, standard procedures, and management of all patient care related activities
 2. Displays age-specific competencies in working with: Infants, Toddlers, Preschool, School Age, Adolescents, Early Adult, Middle Adult, and Geriatric patients.
 3. Shall capably review the dental policies and procedures manual annually.

4. Shall actively provide supervision, coaching, and scheduled performance evaluations to the Clinic Dentists, Dental Manager, Registered Dental Hygienists, Registered Dental Assistants, Dental Assistants, and Yreka Dental Receptionist.
5. Shall efficiently coordinate and monitor all dental CQI activities and report as directed.
6. Shall appropriately serve as a member of the Credentialing and Privileging Committee (C & P), and make recommendations to the Health Board.
7. Shall efficiently serve as a liaison with the local dental community and will review all dental provider contracts to provide professional dental advice to the Executive Director of Health and Human Services.
8. Shall appropriately report as required by Federal, State, County, Local, and Tribal regulations.
9. Shall competently and appropriately present patients their dental treatment plan and /or treatment options; which include the patient's financial responsibilities.
10. Shall capably provide dental advice to health committees, and attend required meetings or functions as requested, ex; CHS Managed Care, Medical Records, etc.
11. Shall effectively assist the dental staff in the development and training of educational programs for staff and patients.
12. Routine duties shall include providing dental services, and other health care-related services in homes, schools, clinics, hospitals, job sites, and other community locations within the Karuk Tribe's Service Area.
13. Shall be readily available for local and out of the area travel as required for job related training, and comply with reporting requirements as appropriate.
14. Is polite and maintains a priority system in accepting other position related job duties as assigned.

Qualifications:

1. Demonstrates the ability to work effectively with Native American people in culturally diverse environments.
2. Exhibits the ability to manage time well and work under stressful conditions with an even temperament.
3. Displays the ability to establish and maintain harmonious working relationships with other employees and the public.
4. Demonstrates the ability to understand and follow oral and written instructions.
5. Demonstrates the ability to provide professional personnel management within the dental department.

Requirements:

1. Must have a DDS or DMD from an accredited school of dentistry. Must be licensed to practice dentistry in the State of California. Must possess or obtain current DEA registration.
2. Must apply to the Medical Staff and receive clinical privileges from the Karuk Tribal Health Board.
3. Must maintain Continuing Education Units (CEU) as required for license renewal.
4. Must possess valid driver's license, good driving record, and be insurable by the Tribe's insurance carrier.
5. Must certify and remain current in CPR
6. Must strictly adhere to confidentiality and HIPAA policies.
7. Must provide documentation of immunity to measles, rubella and /or become immunized with the recommended vaccines, including Hepatitis B, and test annually for TB.
8. Must successfully pass a pre-employment drug screening test and be willing to submit to a criminal background check.

Tribal Preference Policy: In accordance with the TERO Ordinance 93-0-01, Tribal Preference will be observed in hiring.

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: 7/11/96, Revised 10/6/05, Revised 11/8/07

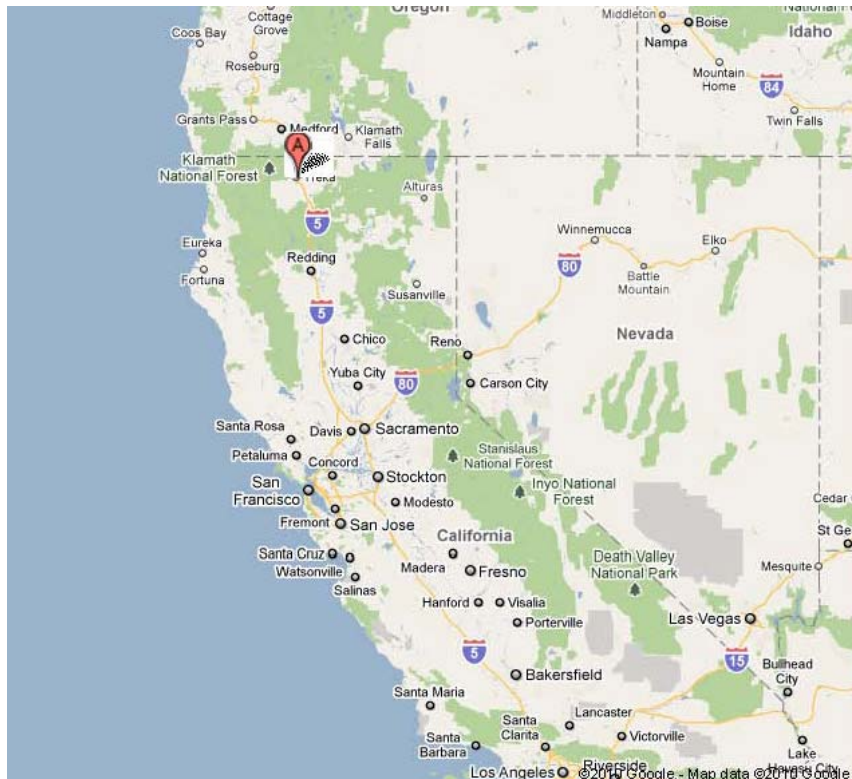
Chairman's Signature: _____

Employee's Signature: _____

It is our pleasure to introduce you to our quaint, historic city, home to some of the nicest people and most beautiful scenery around.

While Yreka is full of typical small-town attributes—friendly locals, clean air, no traffic and affordable property values—it's also Siskiyou County's biggest town and the county seat. It therefore has more to offer than most small towns, especially in the areas of shopping, medical services and entertainment.

Yreka is pronounced Y-reeka from the Indian word for white mountain. Yreka has been listed as 48th in the top 100 small communities in the U.S. and is located 22 miles south of the California/Oregon border next to Interstate 5. Nestled in the northernmost corner of the majestic Shasta Valley, it offers panoramic views of Mount Shasta and three different mountain ranges; the Cascades, the Siskiyou's and the Marble Mountains.



Yreka is blessed with nature's bounty. We enjoy the diversity of four distinct seasons and offer abundant recreational opportunities. Close at hand are: golf, tennis, world class fishing, white water rafting, gliding, hiking/backpacking, skiing at two nearby ski parks, bicycling and snowmobiling. Yreka is home to several retail shopping areas, great restaurants, auto service shops and more than 14 hotels. Check our [member directory](#) for detailed information.

Yreka is also the most historic city in this region—a remarkably well-preserved gold-rush era town featuring a "step-back-in-time" downtown and over 70 pre-1900 houses. This original part of town has been listed on the National Registry of Historic Places since 1972.

If you wish to learn more about Yreka, please don't hesitate to contact the Yreka Chamber Office, and we'll do our utmost to answer any questions you may have.

Board of Directors

Yreka Chamber of Commerce <http://www.yrekachamber.com/>

Karuk Community Health Clinic

64236 Second Avenue
 Post Office Box 316
 Happy Camp, CA 96039
 Phone: (530) 493-5257
 Fax: (530) 493-5270

Karuk Tribe

**Karuk Dental Clinic**

64236 Second Avenue
 Post Office Box 1016
 Happy Camp, CA 96039
 Phone: (530) 493-2201
 Fax: (530) 493-5364

Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

EMPLOYMENT APPLICATION

Position Applied For: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		Desired Rate of Pay:	
Name (First, MI, Last): _____		List Any Other Names Used in the Past: _____	
Mailing Address (Street, City, State ZIP): _____		How Long at this Address: _____ If less than 5 years include previous address:	
Have you ever been employed by the Karuk Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) of employment and position(s) held: _____		Social Security Number: _____	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain: _____	
Do you claim Tribal Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you married to a Karuk Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Karuk Member child under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ Roll Number: _____ **COPY OF ENROLLMENT DOCUMENTATION MUST BE ATTACHED TO RECEIVE PREFERENCE**		Have you ever served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you claim Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your DD-214 demonstrating proof. Are you able to perform the essential functions of the position applied for either with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
◆ EMPLOYMENT HISTORY: Begin with present position and work back <u>at least</u> five (5) years. The entire five (5) year period must be accounted for without breaks; for periods of unemployment or schooling, list dates and "unemployed" or "attending school". Attach additional sheets if necessary.			
① Name and Address of Employer: _____		Phone Number: _____	
Start and End Date: _____	Starting and Ending Salary: _____	Supervisor's Name: _____	Reason for Leaving: _____
Position Held and Work Performed: _____			
② Name and Address of Employer: _____		Phone Number: _____	
Start and End Date: _____	Starting and Ending Salary: _____	Supervisor's Name: _____	Reason for Leaving: _____
Position Held and Work Performed: _____			
③ Name and Address of Employer: _____		Phone Number: _____	
Start and End Date: _____	Starting and Ending Salary: _____	Supervisor's Name: _____	Reason for Leaving: _____
Position Held and Work Performed: _____			

◆ EDUCATION: *Include all colleges, universities, technical, and vocational schools attended.*

Are you a high school graduate or have you received your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Location of School/Testing Site:	
Type of School:	Name and Address:	Coursework or Major:	Degree Earned:

Please list special training, certificates, or other types of education you have that pertains to the job applied for:

◆ OTHER INFORMATION:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	State and Number:
Do you have a good driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past 3 years, have you been convicted of DUI or had your license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on lay-off and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, after employment, submit verification of your legal right to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List names of immediate family members (other than your spouse) working for us:	

◆ CRIMINAL BACKGROUND: *For all questions, provide all additional information in the space provided or on a separate sheet. Except as required by law, conviction of a crime will not disqualify you from employment. Factors such as age at time of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered when making employment decisions.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime as an adult? (Note: Do not include infractions, or convictions that have been annulled, erased, expunged, vacated, set aside, sealed by a court, or referred to a diversion program.)
 Yes No

If the answer is yes, describe the nature of the crime charged, the date of the conviction, the county and state or tribal reservation in which you were convicted and the disposition or outcome of the conviction in the space below.

◆ REFERENCES: *List three (3) people who know you well. They should be good friends, peers, roommates, etc. who have known you for at least the last five (5) years. Try not to list relatives or anyone who is listed elsewhere on this application (ex; Supervisors).*

① Name:	Dates Known (From-To):	Telephone Number/Email:
Address (Street, City, State ZIP):		Type of Acquaintance:
② Name:	Dates Known (From-To):	Telephone Number/Email:
Address (Street, City, State ZIP):		Type of Acquaintance:
③ Name:	Dates Known (From-To):	Telephone Number/Email:
Address (Street, City, State ZIP):		Type of Acquaintance:

◆ CERTIFICATIONS: Please read each item carefully and acknowledge your understanding by signing in the indicated location.

① Certification that my Answers are True:

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work.

② Authorization to Investigate:

I authorize investigation of all statements contained on this application, and any attachments to it. I authorize the Tribe to secure information about my background experience with education institutions and any relevant agencies. I authorize those parties to provide information to the Tribe concerning my background and experience, and authorize a copy of this application to be provided to the TERO Department. I release the Tribe, and all parties providing information to the Tribe about my background and experience, from any and all liability whatsoever arising therefrom.

③ Consent to Contact Past Employers:

I give permission to the Tribe to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers, managers and/or supervisors to discuss my relevant personnel and employment history with the Tribe, consent to the release of such information orally or in writing, and hereby release them from any and all liability whatsoever arising therefrom and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Tribe. To the fullest extent permitted by law, I further waive all rights I may have under applicable law to receive a copy of any written statement provided by any of my former employers to the Tribe. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

④ Consent to Contact Government Agencies:

I give permission to any agent, attorney or representative of the Tribe to receive a copy of any information contained in the file of any federal, tribal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and, to the fullest extent permitted by law, waive any right under applicable law concerning notification of the request for a release of such information. In the event an applicable law does not provide for prospective employers to have access to information, I hereby delegate the Tribe as my agent for receipt of information.

⑤ Cooperation with Investigation:

I agree to fully cooperate with the Tribe's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law. I give permission to the Tribe to verify my Indian heritage and verify any tribal enrollment information that I have provided.

⑥ Falsification Statement:

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

⑦ Employment "At Will":

In consideration of my employment, I agree to conform to the rules and regulations of the Tribe, and understand that my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Tribe or myself, except as otherwise provided by applicable law. Nothing in this application or in any oral or written statement provided to me by the Tribe will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such change is authorized in writing by a duly authorized representative of the Tribe.

⑧ Release:

I release the Tribe, its officers, agents, directors, representatives, employees, attorneys and representatives from any and all claims, causes of action, judgments, liens, indebtedness, damages, obligations, losses, liabilities, or costs, which they may have, whether known or unknown, suspected or unsuspected, arising with this application for employment. I understand that this application is only valid for the position applied for at present and that the Tribe is not obligated to retain or consider this application for future openings. My signature below certifies that I understand that if I am extended an offer of employment by the Tribe, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses necessary for the position that I am offered. I also hereby subject myself to the jurisdiction of the Tribe and its governing system, including any enforcement or judicial proceedings or process that may be associated with the application for employment or any resulting employment relationship.

I have read each item; I understand and agree to all terms.

Applicant's Signature

Date

Printed Name

◆ HOW DID YOU HEAR ABOUT THIS POSITION: Check all that apply.

Word of Mouth www.karuk.us/jobs/ Bulletin Board (In Office Posting) Newspaper: Other: