



# FALLON PAIUTE-SHOSHONE TRIBE

## OFFICIAL TRIBAL POSITION DESCRIPTION

### COMMUNITY HEALTH REPRESENTATIVE (CHR)

PROGRAM: Fallon Tribal Health Center GRADE: GS-10  
SUPERVISOR: CHR Supervisor RANGE: \$18.27 - \$27.63 (hourly)  
FLSA STATUS: Non-Exempt

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#### POSITION DESCRIPTION

Serves as a liaison between the Fallon Tribal Health Center and the community by providing health education, patient navigation, care coordination, outreach services, and non-emergency transportation to improve access to care and health outcomes. The CHR supports chronic disease prevention and management, assists patients in accessing medical and community resources, identifies barriers to care, and reinforces care plan adherence during client interactions.

#### ESSENTIAL DUTIES & RESPONSIBILITIES

1. Maintain the confidentiality, security, and integrity of the patients care and information.
2. Provide culturally appropriate health education to individuals, families, and groups on topics including chronic disease prevention and management (e.g., diabetes, hypertension), nutrition, physical activity, medication adherence, and wellness.
3. Conduct community outreach and engagement activities, including home visits, community events, and wellness programs to identify health needs and connect individuals to services.
4. Assist patients with care coordination and patient navigation, including scheduling appointments, facilitating referrals, supporting discharge planning, and ensuring follow-up care.
5. Identify and address social determinants of health (e.g., transportation, housing, food access) and connect clients to appropriate services and programs.
6. Support patients in understanding diagnoses, treatment plans, and provider instructions to improve adherence and health outcomes.
7. Participate in health promotion and disease prevention programs, screenings, and community-based initiatives.
8. Document all client interactions, services provided, referrals, and outcomes in accordance with program requirements and electronic health record (EHR) systems to support billing and reporting.
9. Collect and report data to support program goals, grant requirements, and quality improvement initiatives.

10. Participate in multidisciplinary care team meetings and collaborate with healthcare providers, nurses, behavioral health, and social services staff.
11. Serve as a liaison and patient advocate between clients, families, healthcare providers, and community resources.
12. Under appropriate training and supervision, perform basic non-diagnostic health screenings such as blood pressure, weight, and blood glucose monitoring.
13. Transports health center clients in a safe and friendly manner and accompany patients to medical appointments as needed.
14. Maintain appropriate, accurate travel records. (daily and monthly); prepares and submits daily transport record to the CHR Supervisor; and reports all vehicle maintenance needs to the EVS Program.
15. Delivers medications from the FTHC Pharmacy to patients as time permits.
16. Reports significant observations and events to the CHR Supervisor and/or the attending physician/medical provider.
17. Other job-related duties as assigned by the supervisor.

### **QUALIFICATION REQUIREMENTS**

1. High School Diploma or GED certification.
2. Must possess or obtain Nevada Community Health Worker (CHW) certification within 6 months of hire as a condition of continued employment.
3. Must have current CPR and First Aid Certificate, or willing to be certified.
4. Must complete required driver safety training, non-emergency medical transport training, and other identified trainings as required.
5. Experience in community outreach, healthcare, case management, or related field preferred

### **KNOWLEDGE, SKILLS & ABILITIES**

(To perform this job, an individual must be able to perform each essential duty satisfactorily. Requirements, below, are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to individuals with disabilities to perform essential functions)

- Ability to work with patients on an individual or group basis.
- Ability to provide culturally appropriate, trauma-informed services.
- Ability to build trust and maintain effective relationships with patients, families, and community members.
- Ability to coordinate services and communicate effectively with healthcare providers and community partners.
- Ability to maintain accurate client records.
- Knowledgeable of Privacy Act and able to maintain confidentiality of records.
- Knowledge of Community Health Worker (CHW) core competencies, including outreach, health education, care coordination, and advocacy.
- Knowledge of chronic disease prevention and management.
- Knowledge of community health, chronic disease prevention, and health education principles preferred.

- Proficiency in documentation, data entry, and use of electronic health record systems.
- Understanding of social determinants of health and community resources.
- This position is designated as a billable Community Health Worker (CHW) role. The employee must maintain required certification, complete continuing education, and adhere to all applicable state, federal, and program requirements to support billing for CHR/CHW services.
- All services must be documented in accordance with applicable billing, compliance, and program guidelines.

**OTHER REQUIREMENTS**

1. This position is covered by the provisions of the Indian Child Protection and Family Violence Prevention Act (Public Law 101-630), as amended, which requires an investigation of the character of each individual who is employed, or is being considered for employment, in a position with duties and responsibilities that involve regular contact with or control over Indian children, and as incorporated by decision of the FBC that elders and those who cannot speak for themselves are entitled to the same protections. A criminal history investigation will be performed, and the applicant must meet the requirements of the Act.
2. The duties of this position include mandatory reporting pursuant to 1) the Victims of Child Abuse law (34 USC § 20341) and 2) elder and vulnerable person laws (NRS 200.5093), as incorporated by decision of the FBC that elders and those who cannot speak for themselves are entitled to the same protections. Because such laws may subject employees to criminal penalties under FPST LOC § 5-50-040 and/or 18 U.S.C. §§ 1169 and 2258, all employees hired to this position must complete a Mandatory Reporter training within 90 days of hire.
3. The duties of this position include the operation of a motor vehicle. Individuals hired to this position must possess a valid State of Nevada driver’s license (or the ability to obtain within 90 days) and must remain insurable under the Tribe’s vehicle insurance policy.

**EMPLOYMENT INFORMATION**

**Fallon Paiute-Shoshone Tribe and Native American/Indian Preference:** Employment preferences to members of the Fallon Paiute-Shoshone and to members of federally-recognized Indian Tribes shall apply to this position pursuant to the Tribe’s Personnel Policies. Persons of Tribe and/or Indian ancestry and wish to claim these employment preferences should submit a copy of the Tribal Enrollment Card/Certification indicating the name of the Tribe they are enrolled with.

**U.S. Veteran’s Preference:** Preference to opportunities to veterans honorably discharged from the United States Armed Forces shall apply to this position pursuant to the Tribe’s Personnel Policies.

**Equal Opportunity Employer:** The Fallon Paiute-Shoshone Tribe does not discriminate on the basis of race, color, national original, sex, religious preference, age, handicap, marital status, political preference, genetics or membership or non-membership in any employee organization, except as allowed by Federal and/or Tribal Law.

**Drug Free Workplace:** The Fallon Paiute-Shoshone Tribe is a drug-free workplace. All employees are subject to a pre-employment and random drug screens.

**Driving Record:** Employees who drive tribal vehicles must have a valid Nevada Driver’s License, be insurable under the Tribe’s vehicle insurance program, and must also provide a DMV printout annually.

**Background Checks:** All employees must be able to pass a background check per the Tribe’s Background Check Policy.

**Position Description Limitations:** This position description does not constitute an employment agreement between the Tribe and the employee, and is subject to change by the Council as the needs of the Tribe and the requirements of the job change. This position description is not intended to present a descriptive list of the range of duties performed by any employee in this position and is not intended to reflect all duties performed within the position.



# EMPLOYMENT APPLICATION FALLON PAIUTE-SHOSHONE TRIBE

565 Rio Vista Drive, Fallon, NV 89406

Phone 775-423-6075 • Fax 775-423-2134 • [www.fpst.org](http://www.fpst.org) • Email: [jobs@fpst.org](mailto:jobs@fpst.org)

PLEASE PRINT

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone \_\_\_\_\_  Home  Cell Alternate Phone \_\_\_\_\_  Home  Cell

Best time to call you on at either Primary or Alternate Phone .....  PM  AM

May we contact you at work? .....  Yes  No

If yes, list work number \_\_\_\_\_ Best time to call \_\_\_\_\_  PM  AM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

Have you submitted an application here before? .....  Yes  No

If yes, give dates \_\_\_\_\_

Are you legally eligible to work in this country? .....  Yes  No

Have you ever been employed here before? .....  Yes  No

If yes, give dates \_\_\_\_\_

Date available to work \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if the job requires it?  Yes  No Will you travel if the job requires it?  Yes  No

Are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you ever been convicted of a crime? .....  Yes  No

If yes, please explain \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information for your past employers assignments or volunteer activities starting with the most recent (use additional sheets if necessary).  
**Explain any gaps in employment in comment section below.**

Employer	<b>Dates Employed</b>		Summarize the type of work performed & job responsibilities
	From	To	
Address			
Job Title	<b>Hourly Rate Starting</b>		
Immediate Supervisor and Title	\$	Per	
Telephone Number			
Reason for Leaving	<b>Hourly Rate Ending</b>		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer	<b>Dates Employed</b>		Summarize the type of work performed & job responsibilities
	From	To	
Address			
Job Title	<b>Hourly Rate Starting</b>		
Immediate Supervisor and Title	\$	Per	
Telephone Number			
Reason for Leaving	<b>Hourly Rate Ending</b>		
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer	<b>Dates Employed</b>		Summarize the type of work performed & job responsibilities
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Immediate Supervisor and Title	\$	Per	
Telephone Number			
Reason for Leaving	<b>Hourly Rate Ending</b>		
	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

### COMMENTS INCLUDING EXPLANATIONS OF ANY GAPS IN EMPLOYMENT

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**EDUCATION BACKGROUND**

School & Address	No. of Years Completed	Degree & Diploma	GPA & Class Rank	Major	Minor

**REFERENCES**

List the name and telephone number of three business or work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and any offices held. Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similar protected status.

Organization	Offices Held

**LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.**

Exclude any membership which would reveal sex, race, religion, national origin, age, color, disability, or any other similar protected status.

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**SKILLS AND QUALIFICATIONS**

Summary any special training skills, license, and or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**PLEASE READ AND INITIAL EACH OF THE FOLLOWING PARAGRAPHS**

\_\_\_\_\_ Initial I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Fallon Paiute-Shoshone Tribe's service whenever it is discovered.

\_\_\_\_\_ Initial I give the Fallon Paiute-Shoshone Tribe the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

\_\_\_\_\_ Initial The Fallon Paiute-Shoshone Tribe does not lawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

\_\_\_\_\_ Initial If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

\_\_\_\_\_ Initial I understand it is the Fallon Paiute-Shoshone Tribe's policy not to refuse to hire an individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

\_\_\_\_\_ Initial I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

The Fallon Paiute-Shoshone Tribe gives preference to qualified Indian applicants in accordance with Title 25, United States Code (USC) 472, 472a., and 47; Title 25, Code of Federal Regulations, Part 5.

**If claiming Indian Preference (as a member of U.S. federally recognized Indian Tribe), please provide the following information with an attached copy of Tribal Membership Card.**

Tribal/Tribal Affiliate Name \_\_\_\_\_ Membership # \_\_\_\_\_

I represent and warrant that I have read and initialed and fully understand the foregoing and am seeking employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Note: Applicants are kept on file for a period of one (1) year

## VOLUNTARY INFORMATION FOR AFFIRMATIVE ACTION

### COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for position without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similar protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

### NOT FOR INTERVIEW PURPOSES. TO BE FILED SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is greatly appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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### APPLICANT INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
LAST, FIRST, MIDDLE

Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET

Gender  Male  Female

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS.

- White (not of Hispanic origin)  Black (not of Hispanic origin)  Hispanic  
 American Indian/Alaskan  Asian/Pacific Islander  Other

### FOR ADMINISTRATIVE USE ONLY

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Position applied for: \_\_\_\_\_ Available \_\_\_\_\_ Not Available \_\_\_\_\_

Other positions considered for \_\_\_\_\_

Hired?  Yes  No

Position Hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- Official Managers  Sales Workers  Operatives (semi-skilled)  
 Professionals  Office Clerical  Laborers (unskilled)  
 Technicians  Craft Workers

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_



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565 Rio Vista Drive, Fallon, NV 89406 • Telephone (775) 423-6075 • Fax (775) 423-2134 • Email: hrmanager@fpst.org

## APPLICANT AUTHORITY TO RELEASE INFORMATION

Having submitted an application for a position with the Fallon Paiute-Shoshone Tribe, I wish them to be informed as to my previous record and character to help in determining my qualifications and suitability to the position which I am making application.

For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of the Fallon Paiute Shoshone Tribe, upon presentation of this waiver, or a photocopy of this waiver, whether in person, or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered valid as an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to: dates of employment, rate of pay, job title, dependability, honesty, attitude toward the job, attitude toward fellow employees, and reason for leaving; education history, medical history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records and any law enforcement agency, criminal justice agency, social service agency, school, college, university or other educational institution, military organization, hospital or other repository of medical records, credit bureaus, lending institutions, consumer reporting agencies or retail business establishments, including all officers, agents, employees, related personnel, both which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

## APPLICANT SIGNED AUTHORITY TO RELEASE INFORMATION:

Per the release of information at this time, I \_\_\_\_\_, do affirm the Fallon Paiute-Shoshone Tribe may request any needed background (criminal or civil) information to assist in the hiring process.

Date of Birth: \_\_\_\_\_ Social Security Number: XXX - XX - \_\_\_\_\_  
Last # Numbers ONLY

Signature \_\_\_\_\_

Date \_\_\_\_\_

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