

KEWEENAW BAY INDIAN COMMUNITY

Keweenaw Bay Tribal Center
16429 Beartown Road
Baraga, Michigan 49908
Phone (906) 353-6623
Fax (906) 353-7540

2015 TRIBAL COUNCIL

WARREN C. SWARTZ, JR., President
JENNIFER MISEGAN, Vice President
TONI J. MINTON, Secretary
SUSAN J. LAFERNIER, Assistant Secretary
DOREEN G. BLAKER, Treasurer

ROBERT "R.D." CURTIS, JR.
EDDY EDWARDS
RANDALL R. HAATAJA
MICHAEL F. LAFERNIER, SR.
GARY F. LOONSFOOT, SR.
DON MESSER, JR.
DONALD SHALIFOE, SR.

PHARMACIST

One (1) Part-time (up to 38 hours/wk), exempt position

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED BY THE CLOSING DATE OR THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT

- Completed Keweenaw Bay Indian Community application
- Current Resume'
- Personal Statement
- Copy of Pharmacist credentialing
- Documentation of CPR Certification, if applicable
- Must provide a satisfactory Child Abuse/Neglect Central Registry clearance from the MI DHHS
- Minimum of three (3) Letters of Recommendation
- If you are American Indian, you must attach a copy of tribal enrollment or proof of descendency
- If you are a Veteran, you must attach a copy of your DD214

Keweenaw Bay Indian Community
Hannah Beesley, Personnel Director
16429 Beartown Road
Baraga, MI 49908
906-353-6623, ext. 4140 & 4176
Fax: 906-353-8068
Email: personnel@kbic-nsn.gov

Distribution Date: October 21, 2015

Closing Date: November 3, 2015

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POSITION ANNOUNCEMENT

2015 TRIBAL COUNCIL

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POSITION:

PHARMACIST

One (1) Part-time (up to 38 hours/wk), exempt position

LOCATION:

Donald A. LaPointe Medical Center
Baraga, Michigan 49908

SUPERVISORY CONTROL:

Chief Pharmacist

SALARY:

Negotiable

QUALIFICATIONS:

- Pharmacy D **OR** BS degree in pharmacy
Professional knowledge of the concepts, principals, practice and techniques of pharmacy to provide direct patient services.
- Knowledge of state and federal laws and regulations pertaining to pharmacy.
- Knowledge of physical and chemical properties and characteristics of substance, therapeutic actions of drug and the principal of chemical, biological pharmacological and biopharmaceutical science.
- Knowledge of drug planning, monitoring and evaluation drug therapy in a clinical setting.
- Knowledge of appropriate resources and reference materials and their use.
- Ability to communicate with patients regarding the proper administration, use, actions, precaution and storage of their medication.
- Ability to communicate with other Health Providers in regards to the total treatment of the patient and educational activities related to patient care and health professional students.
- Ability to follow pharmacy primary care acute and chronic care protocols recording all information in the patient's medical record using the SOAP format.
- Must have a valid Michigan Drivers License, good driving record, be able to qualify for insurance to operate tribal fleet vehicles.
- Must be CPR and First Aid certified, or must obtain within six (6) months of date of hire.
- Must be able to obtain a satisfactory clearance in accordance with the Indian Child Protection and Family Violence Prevention Act Background Investigator Policy.
- Employment is contingent upon the satisfactory result of a Security Background Check, pre-employment drug testing and pre-employment physical.

MANDATORY REQUIREMENTS:

CPR Training, TB Skin Test

INDIAN PREFERENCE:

Preference will be given to qualified individuals of American Indian descent.

VETERAN PREFERENCE:

Preference will also be given to Veterans who do not have a bad conduct dishonorable discharges (need DD214).

LAKE SUPERIOR BAND OF CHIPPEWA INDIANS

"Home of the Midnight Two-Step Championship"

DUTIES AND RESPONSIBILITIES:

1. Shall Perform outpatient pharmacy functions for the full range of pharmaceuticals provided in the medical facility to include: Controlled, highly potent, and other drugs required special handling
2. Shall review the prescription, patient medication profile, and patient record to determine appropriateness, safety and completeness of medication, authenticity of prescriber, possible drug interactions, history or likelihood of adverse reaction, and any special aspects or considerations in dispensing the prescribed pharmaceutical.
3. Shall oversee the compounding of drugs as prescribed, whether individually or in bulk. Determines formulations to be used, dosage forms, quantities, concentrations, number of doses, ect.
4. Shall ensure correct labeling, handling, storage, and dispensing. Reviews prescriptions set up by pharmacy technician from volume or prepackaged stores. Ensures proper item, quantity, labeling before authorizing release.
5. Shall conduct necessary patient education concerning the medication, its administration, sign of reaction and related matters. Counsels patients on the course of treatment, likelihood of success, possible adverse reactions, and related matters.
6. Shall manage controlled substance inventory records, medication inventory and procurement. Complete all necessary reports and documentation in accordance with Federal and State regulations, IHS policy, and Service Unit policy and Procedures.
7. Shall perform periodic inspections of drug storage facilities to ensure correct handling, accountability of controlled substance
8. Shall ensure equipment is properly set-up and operated, components and additives are correctly identified, qualities computed and measured, and compounding properly performed.
9. Shall participate with physicians in determining course of treatment for unusually complex or difficult cases. Advises on the use of various drugs and drug therapies to include investigational are limited use terms.
10. Shall review efficiency of drug regimen. Advise on alternative and cost effectiveness.
11. Shall report and document medication errors and unusual circumstances.
12. Will verify that the prescribed medication is within safe dosage range, that components and additives are correctly identified, that the quantities are accurately computed and measured, and that the compounding is performed as specified.
13. Ensure correct labeling, handling, and storage of all pharmaceutical products.
14. Shall review physician unit dose orders, patient medication profile and records to ensure appropriateness and safety of medication orders. Verifies correctness of medication quantity, and that instructions for storage and administration are understood and complied with.
15. Shall advise physicians of findings and recommendations and provides technical supervision to other professional and non-professional staff assigned to this function.
16. Shall provide assistance to staff, oversees operations to insure adherence to professional standards. Patient safeguard, applicable law and regulations, quality assurance requirements, administrative procedures, and general operating policies.
17. Shall Conduct training of professional and non-professional, and prescribing staff on developments in drug therapy, rational therapeutics (i.e. Advises on effectiveness and efficiency of various regimens and alternatives, cost effective prescribing).
18. Shall assist with training of pharmacy employees.
19. Shall train personnel in preparation, storage, handling, and administration of drugs and other pharmaceuticals.
20. Shall represent the pharmacy and functions on various committees, and at any meetings.

21. Supports clinical investigations as required. Participates in operations of a drug information center and drug information retrieval system as required
22. Other duties as assigned by supervisor.

This position announcement summary is intended to indicate the kinds of tasks which will be required of this position and shall not be construed as declaring what the specific duties and responsibilities of the position will be. It is not intended to limit or modify the right of the supervisor to assign, direct and control the work of this position, nor to exclude other similar duties not mentioned. The use of a particular expression or illustration describing duties shall not be held to exclude other duties not mentioned that are of similar kind or level difficulty.

Distribution Date: October 21, 2015

Closing Date: November 3, 2015

Name: _____

POSITION: **Part-time Pharmacist**

Please list your specific experience and knowledge in regards to the following qualifications:

Pharmacy D **OR** BS degree in pharmacy

Professional knowledge of the concepts, principals, practice, and techniques of pharmacy to provide direct patient services.

Knowledge of state and federal laws and regulations pertaining to pharmacy.

Knowledge of physical and chemical properties and characteristics of substance, therapeutic actions of drug and the principal of chemical, biological pharmacological and biopharmaceutical science.

Knowledge of drug planning, monitoring and evaluation drug therapy in a clinical setting.

Knowledge of appropriate resources and reference materials and their use.

Ability to communicate with patients regarding the proper administration, use, actions, precaution and storage of their medication.

Ability to communicate with other Health Providers in regards to the total treatment of the patient and educational activities related to patient care and health professional students.

Must have good oral and writing skills and exhibit sound organizational skills.

Ability to follow pharmacy primary care acute and chronic care protocols recording all information in the patient's medical record using the SOAP format.

Must have a valid and unrestricted Michigan driver's license, reliable transportation, and vehicle insurance.

Must be CPR and First Aid certified, or must obtain within six (6) months of date of hire.

Must be able to obtain a satisfactory clearance in accordance with the Indian Child Protection and Family Violence Prevention Act Background Investigator Policy.

Employment is contingent upon the satisfactory result of a Security Background Check, pre-employment drug testing, and pre-employment physical.



Keweenaw Bay Indian Community

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APPLICATION FOR EMPLOYMENT

Federal law requires that all application be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT. Applications are kept on file for six (6) months from the date they are submitted, additional information may be required.

Position(s) Applied For _____	Date _____
Name _____	
Last	First M.I.
Address _____	City, State, Zip _____
Telephone (____) _____	Social Security # _____

Have you been employed by KBIC before? Yes No When? _____

Salary desired? _____ Willing to attend training? Yes No Date available to start? _____

Available to work? Full-time Part-time Shift Temporary On-Call

Can you travel, as the job may require? Yes No Possess a Drivers License? Yes No

Are you age 18 or older? Yes No If under 18, can you furnish a work permit? Yes No

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? Yes No

Are you an enrolled member of a Federally Recognized Indian Tribe? Yes No

If yes, which tribe? _____ **Enrollment #** _____

If no, are you of American Indian descent? Yes No **Tribal Descendancy** _____

Would you be interested in your application packet being forwarded to the TERO Office to be included in a job pool, so that you can be contacted regarding future job opportunities? Yes No

**** YOU MUST ATTACH A COPY OF YOUR TRIBAL ENROLLMENT OR PROOF OF DESCENDENCY ****

Are you employed now? Yes No May we contact your present employer? Yes No

Are you on a lay-off? Yes No If so, are you subject to recall? Yes No

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position(s) you are applying for? Yes No If yes, please explain _____

Have you received workers compensation during the last ten (10) years? Yes No

If yes, state the nature and date of injury, recurring effects, and degree of disability (applicant will be required to pass a job-related physical exam) _____

MILITARY RECORD

Have you ever served active duty in the Armed Forces of the United States? Yes | No

Highest Rank attained _____ Branch of Military Service _____

Serial Number _____ Dates of Active Duty From _____ To _____

Type of and Basis for discharge _____ **You MUST attach a copy of your DD 214**

Member of Reserve? Yes | No If yes, Ready | Standby Service Branch _____

COURT RECORDS

Have you ever been convicted for violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law? Yes No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes No

If you answered Yes to either question above, you are required to list all such matters:

Date	Place	Charge	Final Disposition	Details

Have you ever been convicted of a felony? Yes No If yes, when and please explain: _____

EDUCATION

Dates		Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From	To					
<i>High School</i>						
<i>Colleges</i>						
<i>Graduate School</i>						
<i>Miscellaneous</i>						

EMPLOYMENT

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Kind of Work	Reason for Leaving
From	To			

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

List any machines or equipment that you are qualified and experienced at operating: _____

List any special licenses or certifications your currently possess: _____

REFERENCES

Do not list relatives

Name	Address	Phone Number	Relationship <small>(former employer, friend, co-worker, etc.)</small>

**APPLICANTS UNDER THE AGE OF 18 MUST
HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS PAGE**

INFORMED CONSENT FOR DRUG AND ALCOHOL TESTING OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer drug and alcohol tests to my child/ward pursuant to the Keweenaw Bay Indian Community Employee Drug and Alcohol Testing Policy, which requires pre-employment, random, post-accident, reasonable suspicion, return-to-work, and follow-up drug and alcohol testing.

I understand that the substances that will be tested for include, but are not limited to: marijuana, cocaine, amphetamines, opiates, phencyclidine, and alcohol.

I understand that the methods of testing include collection and chemical analysis of urine and breath samples.

I understand that drug and alcohol testing is a condition of employment with the Keweenaw Bay Indian Community, and that refusal to submit to any test, or a positive result on any test administered, will result in my child/ward not being considered a qualified applicant for employment, or, if employed, in disciplinary action against my child/ward up to and including terminations of employment.

I understand that test results will be released to the Medical Records Officer of the Keweenaw Bay Indian Community, the Keweenaw Bay Indian Community Human Resources/Personnel Department, and other authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature

INFORMED CONSENT FOR TUBERCULIN SKIN TEST OF MINOR CHILD

I am the parent/legal guardian of _____. I hereby consent to allow the Keweenaw Bay Indian Community to administer a Tuberculin Skin test to my child/ward pursuant to Indian Health Codes providing for the prevention and control of communicable diseases.

I understand that the procedure will utilize the intradermal (Mantoux) injection test to diagnose and prevent communicable Tuberculosis by positive reactors. Our goal is to offer prompt diagnosis, prevent transmission of the infection to others in the community and suggest appropriate medical treatment to those infected with the disease.

I understand that the Tuberculin Skin Test is a condition of employment for certain positions (among those are health care workers, child care providers and food handlers) at the Keweenaw Bay Indian Community. Refusal to submit to the test or a positive result on the test could result in my child/ward not being considered a qualified applicant for employment.

I further understand that test results will be released to the Keweenaw Bay Indian Community Human Resources/Personnel Department and authorized personnel of the Keweenaw Bay Indian Community.

Date: _____

(Please Print) Name of Parent/Legal Guardian

Signature



AFFIDAVIT AND RELEASE OF INFORMATION

***Please read carefully before signing.
If you have any questions regarding the statements,
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature _____

Date _____

**Information for Applicants for
EAGLE RADIO**

Dear Applicant:

We sincerely appreciate your interest in employment with Eagle Radio, owned and operated by the Keweenaw Bay Indian Community.

The Federal Communications Commission requires broadcast licensees to keep records and file reports regarding employment applications and inquires of resume's received.

TO assist us in fulfilling that requirement, would you please take a moment to fill out the brief questionnaire below and return it to us. This information is voluntary and is strictly for our required posting purposes. It has no bearing whatsoever on your qualifications for employment and will not result in any adverse personnel action against you. **THIS INFORMATION WILL NOT BE ATTACHED TO YOUR APPLICATION FOR EMPLOYMENT OR RESUME AND WILL NOT BE AVAILABLE TO THOSE EMPLOYEES WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT.**

We would appreciate your assistance. If this form has been mailed to you, a self-addressed return envelope is enclosed for your convenience.

Please fill out this portion and return to us. Thank you.

Please print or type.

Name: _____

Address: _____

Position sought: _____

Referred by: _____

This information is for required Federal Communications Commission reporting purposes and has no bearing on your qualifications for employment.