



Winslow Indian Health Care Center, Inc.
Employment Application
500 North Indiana Avenue, Winslow, Arizona 86047
Fax Number: (928) 288-9979

The Winslow Indian Health Care Center, Inc. is a tribal entity. Preference in hiring will be initially extended to eligible & qualified Navajo applicants, followed by other state and federally recognized Indian tribal members, and thereafter any and all non-Indian applicants, as set forth in the provisions of the Indian Self-Determination Act (P.L. 93-638), and the Navajo Preference in Employment Act (Title 15, Chapter 7 of the Navajo Tribal Code). All positions that allow an applicant or employee regular contact with or control over Indian children are subject to a background investigation and determination of suitability for employment.

Personal Information

Today's Date: _____

Name: _____
LAST FIRST M.I.

Home Number: _____ Contact or Cell Phone: _____ E-mail: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Physical Address: _____
(If different from mailing address) Street City State Zip Code

Valid Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Position Desired

Position Applied For: _____ Vacancy Number: _____ Salary Desired _____

How did you hear about us/referred by: _____

Are you at least 21 years of age? Yes No

Are you a U.S. citizen? Yes No If not, give the country of your citizenship: _____

Are you an enrolled tribal member? Yes No Tribal enrolled member number: _____

Are you a spouse or child of a Navajo Tribal Member? Yes No How are you related? _____

Are you a member of another tribe? Yes No If yes, which tribe? _____ Tribal enrollment number _____

Have you ever been employed with Winslow Indian Health Care Center, Inc.? Yes No

If yes, the position held in what department: _____ Year: _____

Do you have any relatives working at Winslow Indian Health Care Center, Inc.? Yes No

If yes, please list: Name(s): _____ Relationship(s): _____ Department(s) _____

Military History

Have you ever served in the Armed Forces? YES NO Branch: _____

Type of Discharge: _____ Date of Service: From _____ To _____

Employment History – Past 10 years

List your employment activities, beginning with present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and “unemployed”, “self-employment”, or “attending school”.

START DATE	END DATE	FINAL POSITION TITLE	Final Salary
EMPLOYER		LAST SUPERVISOR'S NAME	Reason for Leaving
STREET ADDRESS, CITY, STATE, ZIP CODE			Phone
DESCRIPTION OF DUTIES			

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Work References

Please list three references other than relatives

Name & Position	Company & Address	Telephone/E-mail

Education

School(s) Attended	Name & Location of School	Dates Attended	Degree/Certificate Received	Major
High School				
Community College/Trade				
College/University				
Graduate				

Other Qualifications

List all job related skills or training that would benefit you in the position you have applied for:

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Additional Disclosures

- 1) Have you ever been found guilty of, or entered a plea of nolo contendere 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? **Yes** **No**

If yes, you must provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department, law enforcement agency or court involved.

- 2) Have you ever been arrested or charged with a crime involving a child? **Yes** **No**

If yes, you must provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department, law enforcement agency or court involved.

- 3) **During the past ten (10) years**, have you been convicted, imprisoned, on probation, or been on parole? *(Include felonies, firearms or explosives violations, misdemeanors, and all other offenses).* **Yes** **No**

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of police department of court involved.

- 4) Do you currently have **any pending charges for any violation of the law**? **Yes** **No**

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of police department of court involved. *(A conviction will not necessarily disqualify applicant.)*

- 5) During the past five (5) years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were debarred from any position? **Yes** **No**

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of employer involved. *(A previous infraction with a former employer will not necessarily disqualify applicant.)*

Certification

Please read information below carefully before signing:

I declare under penalty of perjury that the facts contained in this application, resume' or other submitted documents are true to the best of my knowledge. I understand that any false information or omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

Initial

I voluntarily and knowingly authorize the release of any and all information requested by the Winslow Indian Health Care Center, Inc. or agency acting on the corporation's behalf for the purpose of preparing an investigation report. I understand that my application for employment is not complete until I have completed any additional documents required for the purposes of completing the investigative report. I understand that I have the right to request a complete disclosure of the nature and scope of the investigation, along with information in my investigative file, upon reasonable notice to the Winslow Indian Health Care Center, Inc.

Initial

I authorize the investigation of all statement contained in this application/resume', and authorize any person, school, current and past employers and organizations to provide the company with records, information and opinion that may be provided in making a hiring decision. I release the Winslow Indian Health Care Center, Inc., and all informants of liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith.

Initial

I understand and acknowledge that this constitutes the entire agreement between me and the Winslow Indian Health Care Corporation regarding the term of my employment and supersedes any other verbal or written agreements, expressed or implied. I understand that any job offer is subject to a 90-day probationary period.

Initial

I declare under penalty of perjury that all statements made in this application are true and correct.

Signature

Date

Winslow Indian Health Care Center, Inc. applies the policy of "Navajo Preference" when filling vacancies. Primary consideration (I) under the Navajo Preference Policy shall be given to qualified applicants who are enrolled members of the Navajo Tribe. Considerations (II) shall be given to the spouse and children of enrolled members of the Tribe; Consideration (III) Other Indian people enrolled in other federally recognized tribes; Consideration (IV) All other applicants.