



Winslow Indian Health Care Center, Inc.

Employment Application

500 North Indiana Avenue, Winslow, Arizona 86047

Phone Number: (928) 289-6205 Fax Number: (928) 289-8024

The Winslow Indian Health Care Center, Inc. is a tribal entity. Preference in hiring will be initially extended to 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).

Position Applying For: _____ **Vacancy Number:** _____

Salary Desired: _____

Personal Information

Name: _____ Date of Birth (if under 18 years old:) _____

Phone Number: _(_____)_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Drivers License Number: _____ Issuing State: _____ Expiration Date: _____

General Information

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

Do you claim Indian Preference? (Circle One) Yes No (If yes, please attach your Certificate of Indian Blood)

Education

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

Note: Please attach transcripts for the above.

Work Experience

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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EMPLOYER		LAST SUPERVISOR'S NAME	Reason for Leaving
STREET ADDRESS, CITY, STATE, ZIP CODE			Phone
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DESCRIPTION OF DUTIES			

List any relatives who are currently employed at the WIHCC

Name	Department	Relationship

Work References (Please list references of individuals that can comment on your work experience.)

Name/Title	Mailing Address	Phone

Other Qualifications

Job-related training courses (give title and year). **Job-related skills** (other languages, computer, computer software, tools, machinery, typing speed, etc. **Job-related certificates and licensures** (current only). **Job-related honors, awards, and special accomplishments** (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not attached documents to this application unless requested.

Additional Disclosures

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). (Circle One) 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.)

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? (Circle One) 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.)

Do you currently have any pending charges for any violation of the law? (Circle One) 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.)*

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 significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

I voluntarily and knowingly authorize the release of any and all information requested by the Winslow Indian Health Care Center 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.

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.

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.

Signature

Date