



# Winslow Indian Health Care Center

Human Resources Department 500 North Indiana Ave

Winslow, Arizona 86047 Phone: (928) 289-6205

Fax: (928) 289-8024

## Application for WIHCC Board Membership

**\*\*Complete all sections on the application and sign otherwise the application shall be deemed incomplete and rejected\*\***

*It is important that the application is completed to receive full credit for Navajo or Indian Preference, education, training, and/or experience. Provide additional information if required or necessary. Upon submission, applications will be given credit only for the information provided.*

**PRINT CLEARLY OR TYPE**

**Date of Application:** \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Physical Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone #: (\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone #(\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If necessary, best time to call you \_\_\_\_\_: \_\_\_\_\_  AM  PM

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Chapter Residence and Affiliation: \_\_\_\_\_

Name of Tribal Affiliation: \_\_\_\_\_ (Please attach a copy of tribal membership or Certificate of Indian Blood.)

I am more than 21 years of age:  Yes  No

May we contact you at work?  Yes  No If yes, work number and best time to call (\_\_\_\_) \_\_\_\_\_: \_\_\_\_\_  AM  PM

Have you previously served on the WIHCC Board?  Yes  No...If yes, give date(s): From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been employed by WIHCC?  Yes  No.....If yes, give date(s): From \_\_\_\_\_ To \_\_\_\_\_

Will you travel if position requires it?  Yes  No Are you able to meet the attendance requirements of the position?  Yes  No

Are you currently an elected or appointed official of any tribal, county, state or federal government entity?  Yes  No

If yes, please state the name of the office, the name of the entity, and whether you were appointed or elected:

Do you have any immediate relatives who are already serving on the WIHCC Board of Directors?  Yes  No

If yes, please state the full name of the immediate family member and state the nature of your relationship (i.e., husband, wife, mother, father, sister, brother, etc.)

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

If yes, please list: Names (s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_ Department(s): \_\_\_\_\_

**WIHCC IS A DRUG AND ALCOHOL FREE WORKPLACE**

Applicant Name:

Last

First

### Experience History

Provide the following information of your past and current employers, assignments, volunteer activities, or public offices held (i.e. board seats, appointments, or chapter representation, etc.) starting with the most recent and going back ten (10) years. Use additional sheets if necessary.

Name & Address of Employer, Elected Position, or Volunteer Activity:	Telephone#	<b>Dates Employed</b>		Summarize the Type of Work Performed and Job Responsibilities
		From (MM/YY)	To (MM/YY)	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and Title				
Name & Address of Employer, Elected Position, or Volunteer Activity:	Telephone#	<b>Dates Employed</b>		Summarize the Type of Work Performed and Job Responsibilities
		From (MM/YY)	To (MM/YY)	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and Title				
Name & Address of Employer, Elected Position, or Volunteer Activity:	Telephone#	<b>Dates Employed</b>		Summarize the Type of Work Performed and Job Responsibilities
		From (MM/YY)	To (MM/YY)	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and Title				
Name & Address of Employer, Elected Position, or Volunteer Activity:	Telephone#	<b>Dates Employed</b>		Summarize the Type of Work Performed and Job Responsibilities
		From (MM/YY)	To (MM/YY)	
		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Immediate Supervisor and Title				

Comments (Please provide any additional information that will help WIHCC select Directors with diverse backgrounds and skills):

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### Skills and Qualifications

Summarize and special training, skills, licenses and/or certificates

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Applicant Name:

Last

First

## Educational Background

List schools attended, starting with most recent. If no degree, provide number of completed/credited hours.

School & Address	Dates Attended (Month/Year)	Degree, Diploma earned (Month/Year)	Major Field of Study	Minor Field of Study (If applicable)
High School		Diploma <input type="checkbox"/> GED		
College				
College/ Graduate School / Spec Training/ Vocational Tech School				
College/ Graduate School / Spec Training/ Vocational Tech School				

## Licensures/Registration/Certification

List the states in which you have applied or been granted license(s), registration(s), or certification(s). Attach a legible copy of all license(s), registration(s) and certification(s).

Type of License (s)	Registration/License Number(s)	State of Licensure	Date Issued	Date Expires

Has any license, registration or certification entitling you to practice your profession in any jurisdiction been challenged, investigated, denied, suspended, limited, or placed under stipulation, revoked, or been voluntarily/involuntarily relinquished?  Yes  No  Not Applicable, no license/registration/certification

If yes, explain:

## References

List names and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. You may also submit letters of reference as an attachment.

Name & Address	Telephone	Number of Years Known

## Accomplishments and Awards

List special accomplishments, publications, awards, etc.

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List any additional information you would like us to consider.

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### WIHCC Board Member Applicant Certification

Please initial to acknowledge statement:

\_\_\_\_\_ I certify and declare under penalty of perjury that the information I have provided in this application, my resume, and other documents submitted in order to apply for and be considered for appointment to the WIHCC Board of Directors is true, complete, and correct.

\_\_\_\_\_ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of my application for Board membership, and is justification for removal if discovered after I have been seated on the Board.

\_\_\_\_\_ I knowingly, voluntarily, and expressly, without reservation, authorize WIHCC, its representatives, employees and agents to contact and obtain information from all references (personal and professional), past and present employers and colleagues, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application and related application materials, resume and interview.

\_\_\_\_\_ I hereby release and waive any and all rights and claims I may have regarding WIHCC, its representatives, employees and agents, for seeking, gathering, and using information in the appointment process, and all other persons, corporations, and organizations for furnishing such information about me.

\_\_\_\_\_ I understand that I am required to complete a Character and Public Trust Financial background check and that this application is not complete until I have completed any additional documents required for the purposes of completing the investigative report. Such documents include, without limitation, "Questionnaire for Child Care Position of Trust". Appointment to the WIHCC Board of Directors is contingent upon successful completion of the background check with satisfactory results.

I declare under penalty of perjury that I have read and understand each statement above and accept all terms of the above stated WIHCC Board Member Applicant Certification. I further agree to hold WIHCC harmless from any liabilities or judgments made by WIHCC, its representatives, employees and agents in the Board Application process.

**\*Please DO NOT sign until you have read and initialed by each statement\***

***I certify that I have read, fully understand, and accept all terms of the aforementioned Applicant Statement. Furthermore, the applicant agrees to hold WIHCC harmless from any liabilities or judgments made by WIHCC, its' agents, and employees.***

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



# Winslow Indian Health Care Center

## Human Resources Department

500 North Indiana Ave

Winslow, Arizona 86047

Phone: (928) 289-6205

Fax: (928) 289-8024

### Consent to Conduct Character and Public Trust Financial Background Check and Release of Personnel Information

I, \_\_\_\_\_, have applied for Board of Director appointment at the Winslow Indian  
Print Name

Health Care Center (WIHCC). I understand that, in order for WIHCC to determine my eligibility, qualifications, and suitability for appointment, WIHCC will conduct a Character and Public Trust Financial Background Investigation, which includes but is not limited to a criminal, employment and financial background history. This investigation will include a background check based on a fingerprint card and completed Questionnaire for Child Care Position of Trust, and may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions held, reasons for leaving employment, whether I could be re-hired, reasons for not re-hiring (if applicable), and similar information.

I, \_\_\_\_\_, hereby give my consent for any employer or educational institution to release  
Print Name

any information required in connection with this background information including, but not limited to, my personnel files or education files, or any information contained therein. I hereby waive my right to receive a copy of any written communication furnished to WIHCC by any employer. A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature of Applicant

By: \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Print Name:

Last

First

**Additional Disclosures**

Failure to answer all questions and fully and completely report any and all past and current criminal convictions/pleas bargains/no contest pleas including guilty verdict or no verdict information will be considered a failure on the background clearance check and will be grounds to deem the application incomplete, to not offer an appointment contract, or if hired, termination of appointment.

Please answer the questions below – response required:

- 1. Have you ever been convicted of, or been found guilty of, or entered a plea of nolo contendere (no contest), or guilty to ANY crime(s)--felonies or misdemeanors?  Yes  No

If yes, list all and 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 or court involved:

\_\_\_\_\_

Answering "YES" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

- 2. Are you listed on the Cumulative Sanction List of the Office of the Inspector General (OIG), System for Award Management System (SAM), and Office of Personnel Management (OPM) Exclusionary List?  Yes  No

If yes, does this include exclusion in any state Medicare, Medicaid, or third party insurance programs?  Yes  No

Explain:

\_\_\_\_\_

- 3. Have you or are you currently debarred or sanctioned from doing business with the federal government of any of its agencies or programs including the OIG, SAM, and OPM Exclusionary List?  Yes  No

If yes, does this include exclusion in any state Medicare, Medicaid, or third party insurance programs?  Yes  No

Explain:

\_\_\_\_\_

- 4. Are there any charges or disciplinary actions or sanction pending against you by any federal or state law enforcement, regulatory or licensing agency including the OIG, SAM, and OPM Exclusionary List?  Yes  No

If yes, does this include exclusion in any state Medicare, Medicaid, or third party insurance programs?  Yes  No

Explain:

\_\_\_\_\_

- 5. Have you ever been found guilty of, cited, or entered a plea of no contest (nolo contendere) to any traffic and/or moving violations within the last five years?  Yes  No

If "YES", 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 or court involved.  Yes  No

Explain:

\_\_\_\_\_

\_\_\_\_\_

**Additional Disclosures Continue:**

6. The following information is required by law enforcement agencies and other entities for identification purpose when checking records. It is confidential and will not be used for any other purpose.

Other names used: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex:  Male  Female

**Place of Birth**

(City, State, County): \_\_\_\_\_

Current Driver's License

State ID card #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(List last 7 years only) \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***The information that I have provided above is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact can be justification and grounds to deem the application incomplete, to not offer an appointment as a WIHCC Board of Director.***

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_