



# Tuba City Regional Health Care Corporation

Human Resources Department  
167 N. Main Street, P.O. Box 600  
Tuba City, Arizona 86045-0600  
Phone: (928) 283-2432  
Fax: (928) 283-2042

## Application for Employment

The Tuba City Regional Health Care Corporation is committed to equal opportunity employment. In accordance with the Navajo Preference in Employment Act (NPEA) (15 NNC 601, et seq., and federal law and including 25 USC 450e) and the Indian Preference Act (Title 25 U.S. Code, Section 472 and 473), preference in filling vacancies is given to qualified Navajo/Indian candidates. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

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

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

**Position Title:** \_\_\_\_\_ **Position #:** \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ Mobile/Beeper/Other Phone Number: \_\_\_\_\_

If necessary, best time to call you \_\_\_\_\_  AM  PM E-mail Address: \_\_\_\_\_

**Do you claim one of the following preferences?** \*Preference will not be applied without supporting documents.

Navajo Preference:  Yes  No If yes, attach copy of Navajo Nation Certificate of Indian Blood (CIB).

Preference as Legal Spouse of a Navajo:  Yes  No If yes, attach copy of marriage license and spouse's Navajo Nation CIB.

Indian Preference:  Yes - Name of Tribal Affiliation: \_\_\_\_\_  No If yes, attach copy of tribal membership or CIB.

Veteran Preference:  Yes  No If yes, attach copy of Certificate of Release or Discharge from Active Duty (DD-214).

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

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

Are you legally eligible for employment in the USA?  Yes  No..... If yes,  US Citizen  HB-1/2 Visa Expires: \_\_\_\_\_  
 Other Visa Name of Visa: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you resided on the Navajo Nation within the last five years?  Yes  No If yes, TCRHCC requires a Navajo Nation Criminal History Check for the previous 4 years.

Will you travel if job requires it?  Yes  No Will you work overtime if required?  Yes  No If no, please explain: \_\_\_\_\_

Can you perform the essential functions of this job with or without reasonable accommodations?  Yes  No  
(If you have not reviewed a copy of the job description, please review before answering this question) If no, please explain: \_\_\_\_\_

Do you have any immediate relatives employed here (mother, father, sibling, aunt, uncle, grandparent, etc.)?  Yes  No

If yes, state name, department, and relationship: \_\_\_\_\_

### TCRHCC IS A DRUG AND ALCOHOL FREE WORKPLACE

**How did you hear of this job vacancy?**  In-House  Newspaper \_\_\_\_\_  Radio \_\_\_\_\_  Internet \_\_\_\_\_  
 TCRHCC Employee Name \_\_\_\_\_  Other \_\_\_\_\_

## Employment History

Complete the information below; writing "See Resume" deems the application incomplete. Provide information pertaining to current and previous employment history. Include all assignments or volunteer activities relevant to the position applying for, starting with the most recent. Use additional sheets if necessary. Explain any gaps in employment in comments section below.

<b>Employer Name and Address</b>		Telephone#	<b>Dates Employed</b>		Summarize the Type of Work Performed and Job Responsibilities
			From (MM/YY)	To (MM/YY)	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal If not FT, hrs/week _____	Hourly Rates/Salary <i>Starting</i>		
Starting Job Title	Final Job Title		\$	Per	
Immediate Supervisor and Title			Hourly Rates/Salary <i>Ending</i>		
Reason for Leaving	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Comments including explanation of gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PRINT

Applicant Name: \_\_\_\_\_  
Last First

### Educational Background

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

School Name, Address, City, State	Dates Attended (Month/Year)	Degree, Diploma earned (Month/Year)	Major Field of Study	Minor Field of Study (If applicable)
High School		<input type="checkbox"/> 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 in the states or provinces, in which you have applied or been granted license or registration. Attach a legible copy of all license(s).

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

Has any license or registration 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: \_\_\_\_\_

Have you ever applied for license/registration and have been denied?  Yes  No  Not Applicable, no license/registration/certification

If yes, explain: \_\_\_\_\_

Have you ever been issued an advisory letter or a letter of concern/reprimand?  Yes  No  Not Applicable, no license/registration/certification

If yes, explain: \_\_\_\_\_

### Professional/Work References

List names and telephone number of three professional and/or work references.

Name & Address	Telephone	Number of Years Known

### Skills and Qualifications

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

\_\_\_\_\_  
\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First

**Applicant Statement**

Please initial to acknowledge statement:

\_\_\_\_\_ I certify that all information I have provided in order to apply for and secure work with the employer 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 this application or result in immediate termination from employment upon discovery.

\_\_\_\_\_ I expressly authorize, without reservation, the employer ("TCRHCC") , its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me.

\_\_\_\_\_ I understand that this application is **valid only** for the position applied.

\_\_\_\_\_ I understand that prior to being hired, I will be required to provide proof of identity and a copy of applicable documents showing legal authority to work in the United States, and completion of an I-9 Form as required by federal immigration laws.

\_\_\_\_\_ I understand I am required to complete a criminal background check and pre-employment drug screening. Employment will be contingent upon a negative drug screening result and successful completion of the background check.

\_\_\_\_\_ I understand that immunization requirements are needed for condition of employment for all persons born after January 1, 1957 and I must provide proof of immunity to Measles, Mumps, and Rubella (MMR). Copy of immunization also required for Tuberculosis skin test (TB TST), Hepatitis B, Tetanus, Diphtheria, and Pertussis (TDAP), annual influenza vaccination, and Varicella for direct patient care employees only. *\*Special consideration may be allowed to individuals, who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant, or who claim a legitimate religious exclusion.*

\_\_\_\_\_ I understand that only the Chief Executive Officer, Human Resources, Clinical Services, or Nurse Recruitment are authorized to extend a "Contingent Offer of Employment" on behalf of TCRHCC, and that no other offers of employment are valid. This application does not constitute an agreement or contract for employment for any specified period or definite duration; no supervisor or representative of the TCRHCC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief Executive Officer.

\_\_\_\_\_ I understand TCRHCC adheres to a Drug and Alcohol-Free Workplace policy. All prospective employees, after a job offer has been made, shall be drug tested as a condition of employment.

**\*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.*

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

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



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Human Resources Department  
167 N. Main Street, P.O. Box 600  
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**Consent to Conduct Background Check and  
Release of Personnel Information**

I, \_\_\_\_\_, have applied for employment at the Tuba City Regional Health Care  
Print Name

Corporation (TCRHCC) to work as a \_\_\_\_\_. I understand that, in order for TCRHCC to  
Position Title

determine my eligibility, qualifications, suitability for employment, TCRHCC will conduct a Background Investigation, which includes but is not limited to, an employment background review. This investigation 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 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 TCRHCC 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

Applicant Name: \_\_\_\_\_  
Last First

## Declaration for Employment

*Indian Child Protection Act (PL 101-630)*

### Background

Federal law requires criminal background of each individual who is employed or is being considered for employment, in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children under the Indian Child Welfare and Family Violence Prevention Act and the Crime Control Act of 1990. All applicants shall successfully complete a background check to include criminal history checks conducted pursuant to fingerprints checks as set forth in the above-noted laws and regulations to include applicable national, state and tribal jurisdictions, all as more fully set forth in the laws and regulations set forth and as they may be modified. Employment shall not be offered to applicants who fail to meet the standards set forth in the above-noted laws. Volunteers not meeting the standards set forth in the above-noted laws may not provide volunteer services.

Please answer the questions below – response required:

1. Have you ever been arrested for or charged with a crime involving a child?  Yes  No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

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2. Have you ever been found guilty of, or entered a plea of no contest (nolo contendere) or guilty to, any felonious offense or any of two (2) or more misdemeanors offenses under federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  Yes  No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

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3. 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 or occurrence, and the name and address of the police department or court involved.

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*I certify that my response to these questions is made under Federal penalty of perjury, which is punishable by fines of up to \$10,000 and/or five years imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any adverse information that may disqualify me from employment.*

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

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

Applicant Name: \_\_\_\_\_  
Last First

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 employment contract, or if hired, termination of employment.

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

Other names used: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex:  Male  Female

Current Drivers License

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

Other Drivers 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 employment contract, or if hired, termination of employment.**

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

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