

NAVAJO HEALTH FOUNDATION



SAGE MEMORIAL HOSPITAL

POST OFFICE BOX 457 / GANADO, ARIZONA 86505 / PH (928) 755-4557/4558/4552 / FX (928) 755-4560/4565

EMPLOYMENT APPLICATION

Date: _____

HUMAN RESOURCES OFFICE USE ONLY

Table with 6 columns: Received, Screened, Interview, Offer, Disposition, and an empty column for notes.

Personal Information (Please Print or Type)

Name: _____ Last First Middle

Other Names Used: _____ Social Security Number: _____

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

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

Are You 18 Years or Older: [] Yes [] No Phone Number: () _____ Message Number: () _____

In Case of Emergency Notify: _____ Name Address Phone

Are you a U.S. Citizen or otherwise authorized to work in United States? [] Yes [] No
Are you a member of a U.S. Reserve/National Guard? [] Yes [] No Are you a U.S. Veteran? [] Yes [] No

Position Desired (Check all that Apply)

Position: _____ Date Available: _____ Salary Desired: _____

Years of Experience: _____

Are you Employed Now? _____ Present Employer? _____

Ever Worked for NHF Before? _____ Dept.? _____ When? _____

Reason for Leaving NHF: _____

Do you have family members working for NHF/SMH? [] Yes [] No

If so, List Name(s) and what Department(s)? _____

Who Referred You to NHF/SMH? [] NHF/HR [] Friend [] Walk-In [] Magazine
[] College Placement Service [] Newspaper Advertisement [] Other: _____

Native American Preference

Are you an enrolled member of the Navajo Tribe? [] Yes [] No If NO please give Nationality: _____
NHF/SMH extends hiring preference to enrolled members of the Navajo Tribe and other Native American Tribes.

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Tribe Affiliation: _____
(attach documents)

Tribal Enrollment: _____
(attach documents)

Skill Overview

Please summarize relevant Professional Certifications, License Number, License Authority, Year Received, Membership in Professional or Civic Organization or any skills and experience that best describe your qualifications for the desired position: _____

Approximate Typing Speed: _____ Transcription Experience: _____

Office Computer/Equipment Skills (Type of Hardware/Software)? _____

Fluent in a language other than English: Language: _____ Speak: _____

Write: _____ Read: _____

Employment History

List all work experience. Begin with your most recent position. Attach resume, use additional pages if more space is needed.

Employer: _____ Telephone: _____

Address: _____

Date Started (M/Y): _____ to _____ Title: _____

Reason for Leaving: _____ Salary: _____ to _____
Start End

May we contact for a reference at this time? Yes No If no, reason: _____

Job Duties: _____

Employer: _____ Telephone: _____

Address: _____

Date Started (M/Y): _____ to _____ Title: _____

Reason for Leaving: _____ Salary: _____ to _____
Start End

May we contact for a reference at this time? Yes No If no, reason: _____

Job Duties: _____

Employer: _____ Telephone: _____

Address: _____

Date Started (M/Y): _____ to _____ Title: _____

Reason for Leaving: _____ Salary: _____ to _____
Start End

May we contact for a reference at this time? Yes No If no, reason: _____

Job Duties: _____

Employer: _____ Telephone: _____

Address: _____

Date Started (M/Y): _____ to _____ Title: _____

Reason for Leaving: _____ Salary: _____ to _____
Start End

May we contact for a reference at this time? Yes No If no, reason: _____

Job Duties: _____

Reference Checks

List three (3) references that are not relatives or previous supervisor(s).

Name: _____ Address: _____

Telephone: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

Telephone: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

Telephone: _____ City: _____ State: _____ Zip Code: _____

Education

| | Name Address | Number of Years Completed | Major | Graduate? Yes or No? | Type of Degree or Diploma |
|---------------------------|-----------------|------------------------------|-------|-------------------------|------------------------------|
| High School or GED | Name Address | | N/A | | |
| College, University or | Name Address | | | | |
| Graduate School | Name Address | | | | |
| Trade School | Name Address | | | | |

Job Applicable continuing education, seminars, workshops, etc.:

Job Applicable professional membership and activities:

Other

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, List Charge, Disposition, Dates and Cities: _____

Have you ever been convicted of Driving Under the Influence? Yes No

If yes, List Charge, Disposition, Dates and Cites: _____

This will not necessarily preclude you from employment with Navajo Health Foundation/Sage Memorial Hospital

Condition of Consideration for Employment

I certify that the information provided herein is true and complete to the best of my knowledge. If employed, I understand that false and misleading information given in my application or interview may result in discharge. I also authorize an Investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand the application and all supporting documents are the property of NHF/SMH. I understand if hired, I am required to abide by all rules, regulations and policies of NHF/SMH.

Signature

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION TO NHF/SMH

I, _____, in consideration of my employment or being considered for employment by NHF/SMH, I do give authorization to any and/or individuals, partnerships, corporation, entities or governmental (tribal, state, county, federal) agencies to release information to the Human Resources Department of NHF/SMH regarding my past employment history and other required information as required.

Signature

Social Security Number

Date

Witness Signature