



# 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 (TCRHCC) is committed to equal opportunity employment. In accordance with the Navajo Preference in Employment Act (NPEA) and TCRHCC policy, preference is given to qualified Navajo and Native American candidates. Those applicants requiring reasonable accommodation(s) during the application and/or interview process should notify a representative in the Human Resources Department.

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

*It is important that all sections of the application are complete with education, training, and/or experience information. Upon submission, consideration for experience will only be given for the information provided on the application. No documents, edits, or revisions will be accepted after the closing date, or if applicable, the date of hire. Applications once submitted, become property of TCRHCC. No copies will be made of previously submitted applications and incomplete applications will not be considered.*

**PRINT CLEARLY OR TYPE**

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

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

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

Legal Name  
LAST FIRST MIDDLE

Mailing Address  
STREET CITY STATE ZIP CODE

Physical Address  
STREET CITY STATE ZIP CODE

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

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

**Do you claim one of the following preferences?**

\*Preference will not be applied without supporting documents.

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

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

(Tier III) 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).

Are you a Commissioned Corp Officer?  Yes  No If yes, attach copy of your current personnel orders.

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

If yes, please provide position title(s): \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No

If yes, check one:  US Citizen  HB-1/2 Visa Expires: \_\_\_\_\_  Other Visa Name of Visa: \_\_\_\_\_ Expires: \_\_\_\_\_

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

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” is not acceptable. 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. Attach additional sheets if necessary. Explain any gaps in employment in comments section below.

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

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

\_\_\_\_\_

\_\_\_\_\_

Applicant Name:

Last

First

## Educational Background

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

School & Mailing Address	Dates Attended (Month/Year)	Degree or 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, placed under stipulation, revoked, or been voluntarily/involuntarily relinquished; or have you ever applied for license/registration and were denied; or 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 three **professional** work references.

Name	Email Address	Telephone	Number of Years Known

## Skills and Qualifications

Are you proficient in the use of the following Microsoft applications of Word, Excel and Outlook?  Yes  No

What languages do you speak fluently? \_\_\_\_\_

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. \_\_\_\_\_

### Background Check

Federal law requires criminal background of each individual who 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. The Indian Child Welfare and Family Violence Prevention Act and the Crime Control Act of 1990 (P.L. 101-630) requires that all applicants shall successfully complete a background check to include criminal history checks conducted pursuant to fingerprints checks as set forth in P.L. 101-630; to include applicable national, state and tribal jurisdictions. Employment shall not be offered to applicants who fail to meet the standards in P.L 101-630.

Please answer the questions below – responses are 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.

---

---

- 2. Do you have pending charges or have you ever been found guilty of, or entered a plea of no contest (nolo contendere) or plead guilty to any offense, 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.

---

---

- 3. Do you have pending charges or have you ever been convicted, been found guilty of, or entered a plea of nolo contendere (no contest) to any traffic and/or moving violations within the last five years or 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 disbarment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation will be taken into consideration.

- 4. Are you listed, previously listed, currently debarred, or sanctioned from doing business with the federal government; or have any pending charges or pending sanctions against you by any federal or state law enforcement, regulatory 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:

---

---

- 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 Driver’s License

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

Other Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Attestation/Consent to Conduct Background Check/Release of Personnel Information

I 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 to verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive my right to receive a copy of any written communication furnished to the Tuba City Regional Health Care Corporation (TCRHCC) by any employer or educational institution. A photocopy or facsimile (“fax”) copy of this form that shows my signature shall be as valid as an original.

I further 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 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 ‘favorable suitability’ determination of the background check. I understand that immunization requirements are needed for condition of employment. I understand that only Human Resources are authorized to extend a “Contingent Offer of Employment” on behalf of TCRHCC, and that no other offers of employment are valid.

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

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

**Print Name:** \_\_\_\_\_