



**NAVAJO HEALTH FOUNDATION
SAGE MEMORIAL HOSPITAL**

POST OFFICE BOX 457 • GANADO, ARIZONA 86505 • PH (928) 755-4705/4861 • FX (928) 755-4659

Employment Application Packet

How to Apply

Submit a completed Sage Memorial Hospital employment application with requested documents. A neat and legible application along with supporting documents helps us to evaluate your information effectively.

To submit, return your materials to the Human Resources Department

In person: 2nd Floor - Poncel Hall

Fax: (928) 755-4659

Email: apply@sagememorial.com

The following documents are requested:

- Employment Application & Kress Background Check Form
- Resumé
- Driver's License/Identification Card
- Social Security Card
- Certificate of Indian Blood (CIB), if applicable
- High School Diploma/GED
- Higher Education Degree
- Official/Unofficial Transcripts
- Applicable Certificates/Licensures (American Heart Association BLS, CPR, PALS, ACLS, & NRP)

After your application packet is received, you will be contacted if further documents are required. When a position closes you will be informed by phone or mail in approximately two weeks. Be sure to notify a Human Resources representative of any changes to your contact information by calling (928) 755-4705/4861.

If you have you have any questions, contact the Human Resources Department directly. We wish you success in your employment endeavors.

Navajo Health Foundation/Sage Memorial Hospital is an Equal Opportunity Employer and does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, qualifying disability, veterans status, or any other characteristic protected by Federal and State law. However, the Navajo Preference in Employment Act provides for the preferential hiring of Navajo persons. All applicants considered for hire must successfully complete interviews, background checks, immunization clearance, and submit all employment-related document and forms.

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EMPLOYMENT APPLICATION

Date: _____

HUMAN RESOURCES OFFICE USE ONLY

	<i>Received</i>	<i>Screened</i>	<i>Interview</i>	<i>Offer</i>	<i>Disposition</i>	

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: () _____
If No, Employment is subject to verification of Minimum Legal Age

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.

Tribe Affiliation: _____ Tribal Enrollment: _____

(attach documents)

(attach documents)

Sage Memorial Hospital is an Equal Opportunity * Indian Preference Employer

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



BACKGROUND REPORT DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees and property, **Navajo Health Foundation-Sage Memorial** may order a "consumer report" or "investigative consumer report" (collectively "Background Reports") on you in connection with your employment application or contract, and if you are hired, or if you already work for the Company, may order additional background reports on you.

The background check company, KRESS Employment Screening will prepare the background report for the Company. KRESS Employment Screening is located at 320 Westcott St Suite 108, Houston, TX 77007, and can be reached at 888-636-3693 or at their internet website address www.kressinc.com. For information about the privacy practices of KRESS Employment Screening, see <http://www.kressinc.com/kress-employment-screening-privacy-statement>.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: social security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by KRESS Employment Screening or another outside organization.

You may request more information about the nature and scope of an investigative consumer report by contacting the Company. You may request a copy of this report from the Company or KRESS Employment Screening using the contact information listed above.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Rights Under California Civil Code 1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute. These notices should be provided to you with this form.

I understand that by signing my name below, that I am signing the Authorization form directing the background report as described above, the information contained in my employment application or contract, or otherwise disclosed by me before, or during, my employment or contract, if any, may be used for the purpose of obtaining background reports and/or investigative background reports, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report, and have received and reviewed the Summary of Your Rights Under the Fair Credit Reporting Act. I have also received and reviewed A Summary of Your Rights Under the Provisions of California Civil Code §1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute.
 - **Yes**
 - **No**

- For California, Oklahoma, or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.
 - **Yes**
 - **No**

Company Requesting Background: Navajo Health Foundation-Sage Memorial - Navajo Health

Printed Name of Applicant/Contractor: _____

Signature: _____ **Date Authorized:** _____

Services Request Form

Client: Navajo Health Foundation-Sage Memorial - Navaji Requestor: _____

Phone Number: _____ E-Mail: _____

Income Over \$75K? Yes No

Services Requested:

Adverse Action Notification

Driving History

Entry Level Package

Premium Package

To Be Filled Out by Applicant/Contractor

Last Name: _____ First Name: _____ Middle Name: _____

Additional Last Names Used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Phone Number: _____

E-Mail Address: _____

7 Year Address History (Required)

Current Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com