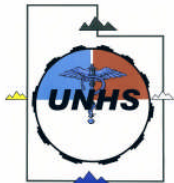


UTAH NAVAJO HEALTH SYSTEM, INC.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION



PERSONAL INFORMATION

DATE

NAME				SOCIAL SECURITY NO.	
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>			
MAILING ADDRESS				EMAIL:	
<small>STREET</small>		<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>	
Phone <small>(Call and Home)</small>	DATE OF BIRTH	DRIVER'S LICENSE		STATE	EXP. DATE
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?:	YES NO	IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB</small>		IF NO, INDICATE NATIONALITY	
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPT.			ARE YOU A VETERAN?		YES NO
			DO YOU WISH TO CLAIM VETERANS' PREFERENCE?		YES NO

If not previously submitted, please provide DD Form 214/215

EMPLOYMENT DESIRED

POSITION		POSITION NO.		DATE AVAILABLE FOR WORK	
SALARY DESIRED	ARE YOU NOW EMPLOYED?	YES	NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
				YES	NO
HAVE YOU EVER APPLIED TO THE UNHS BEFORE?	YES	NO	WHERE?	WHEN?	

EDUCATION

SCHOOL NAMES AND LOCATION	DATES ATTENDED (MM/YY)	DATE GRADUATED	MAJOR, MINOR, OR COURSE OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
			<small>TYPE OF TRAINING</small>
TRADE, BUSINESS OR CORRESPONDENCE			
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?			TYPING SPEED	
	READ?	WRITE?	W.P.M.	
MILITARY SERVICE: BRANCH	ENTRANCE DATE:		DRAFT CLASSIFICATION	
	DISCHARGE DATE:			

UNHS gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference Act
PLEASE PRINT ALL INFORMATION

REFERENCES

REFERENCES: List three individuals not related to you and who have definite knowledge of your qualifications for the position you are applying for.

NAME	ADDRESS	PHONE NUMBER	BUSINESS
1.			
2.			
3.			

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO

If yes, give date and reason. Attach additional sheet if necessary

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO

If yes, give date and reason. Attach additional sheet if necessary

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application.

NAME	ADDRESS	PHONE NO.
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**IN CASE OF
EMERGENCY NOTIFY**

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING:

*** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." ***

FORMER EMPLOYERS

LIST MOST RECENT FIRST

1. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$	Reason for leaving:		
2. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$	Reason for leaving:		
3. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$	Reason for leaving:		
4. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$	Reason for leaving:		
5. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$	Reason for leaving:		

**PRE-EMPLOYMENT STATEMENT: I HEREBY AUTHORIZE THE UNHS TO VERIFY THE INFORMATION ON THIS APPLICATION
PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW**

-The information I have provided on this application is true and correct to the best of my knowledge.
 -I hereby authorize the UNHS to conduct a thorough background check including but not limited to references, employment record, moving vehicle record and criminal record. I understand that all information will be kept confidential and released only to authorized individuals. I also understand that any falsification of data on my part will result in disqualification from employment.
 -I hereby release the UNHS and agencies contacted by UNHS from any civil or criminal liability arising from my background check.
 -All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by the UNHS in connection with this Application

SIGNATURE:

DATE:

SUBMIT TO:
 (FAX) 435-651-3189 (Email) lthatathle@unhsinc.org (Mail) UNHS Human Resources, P.O. BOX 130, Montezuma Creek, UT 84534

REVISED 06/01/11