



NACHC, INC. EMPLOYMENT APPLICATION

AN EEOC, EMPLOYMENT-AT-WILL & INDIAN PREFERENCE. EMPLOYER. A DRUG FREE & COMMERCIAL SMOKE-FREE WORK ENVIRONMENT

NATIVE HEALTH
A Tradition of Wellness

Date: _____

PERSONAL DATA

PLEASE PRINT LEGIBLY

Name: _____
(Last) (First) (M. Initial)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ - _____ Message Phone: (____) _____ - _____

Position Applied For: _____ Date Available: _____

Rate of Pay Desired: \$ _____ (Check One) Hour Week Month Year

Do You Desire: Part-Time Full-Time Temporary Are you willing to work any shift? YES NO

Are you willing to work: Saturdays Sundays Extended Hours

Are you claiming Indian preference? No Yes what tribe? _____
(Please attach supporting documentation)

Have you ever been employed by this company before? YES NO
If "YES" please indicate dates of employment and positions held:
From: _____ To: _____ Position: _____

Do you have a family or relative employed by Native Health? NO YES, Name of person _____

If you are UNDER 18 years of age, please enter current age here: _____

Do you have a valid AZ Driver License, please provide: License #: _____ Expiration Date: _____ Type(s): _____

Have you ever been CONVICTED of anything more than a minor MISDEMEANOR? YES NO
(A conviction may not necessarily disqualify an applicant from employment)
If "YES", please fully explain circumstances and provide date: _____

EDUCATIONAL RECORD

SCHOOL	NAME & ADDRESS	CHECK LAST YR. COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
HIGH SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND ANY OFFICES HELD OR ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, OR ANY ADDITIONAL INFORMATION

(Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or other protected status)

MILITARY EXPERIENCE

Were you in the military service? NO YES --- what branch?

List activities in the service, including special training that is relevant to the position for which you have applied:

EMPLOYMENT HISTORY SECTION

Begin with the most recent employer and account for the last three (3) jobs. Include any substantial periods of unemployment or schooling.

FROM	TO	EMPLOYER	TELEPHONE# ()
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving		Hourly Rate/salary Start \$ _____ Per _____ Final \$ _____ Per _____	
FROM	TO	EMPLOYER	TELEPHONE# ()
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving		Hourly Rate/salary Start \$ _____ Per _____ Final \$ _____ Per _____	
FROM	TO	EMPLOYER	TELEPHONE# ()
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving		Hourly Rate/salary Start \$ _____ Per _____ Final \$ _____ Per _____	

May we contact your present employer? YES NO

LIST THREE PERSONAL REFERENCES

(Do not include relatives or former employers)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE READ CAREFULLY AND SIGN BELOW

The information set forth in this application is true, complete, and accurate. I understand and agree that if employed, and during such period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, the Company may terminate my employment immediately.

I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

The Company may do a comprehensive "background investigation" regarding the accuracy of my employment application, not excluding a Driver's Record, Financial Inquiry Report and other such investigative inquiries. Inquiries as to my character, general reputation, personal characteristics and work habits will be included and I hereby release and save harmless the Company, their assigns and other institutions/companies and their assigns from any and all liability which might otherwise be incurred by gathering and/or furnishing such information. I understand that a physical examination, drug and alcohol use test, and/or a pre-employment personality/performance profile review may be required.

If employed, I understand that such employment is for no specific duration and may be terminated at any time with or without cause.

Applicant's Signature: _____ Date: _____