



Navajo Health Foundation  
**SAGE MEMORIAL HOSPITAL**  
POST OFFICE BOX 457 | GANADO, ARIZONA 86505 | PH (928) 755-4500 | FAX (928) 755-4659

## Employment Application Packet

### How to Apply

Submit a completed Sage Memorial Hospital (SMH) 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: 2<sup>nd</sup> Floor - Poncel Hall, Room 232

Fax: (928) 755-4659

Email: [hr@sagememorial.com](mailto:hr@sagememorial.com)

The following documents are requested:

- Employment Application & Kress Background Check Form
- Resumé
- State Issued Driver 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 (i.e., American Heart Association BLS, CPR, PALS, ACLS, & NRP, if applicable)

If further documents are required SMH Human Resources will be in contact with you. Please notify a Human Resources representative of any changes to your contact information.

We wish you success in your employment endeavors.

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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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**MISSION STATEMENT**

The mission of Sage Memorial Hospital is to provide quality healthcare for the Diné people with respect, unity, beauty, harmony in honor of K'é and the sacredness of life.

**APPLICATION FOR EMPLOYMENT**

**Personal Information**

Name: \_\_\_\_\_  
   Last  First  Middle

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
   Street / P.O. Box  City  State  Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are You 18 Years or Older? **Yes No** (*If No, employment is subject to verification of Minimum Legal Age*)

Are you a U.S. Citizen or otherwise authorized to work in United States? **Yes No**

Are you a veteran of the United States Armed Forces? **Yes No** (*If Yes, please attach DD-214*)

Have you worked for the Navajo Health Foundation – Sage Memorial Hospital in the past? **Yes No**

If so, state Department: \_\_\_\_\_ Dates: \_\_\_\_\_

List name(s) and department of relative(s) currently employed by the Sage Memorial Hospital

Name	Relationship	Department

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

**Position Desired**

Job Vacancy Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Per Hour / Per Annum

**Native American Preference**

To the extent of the law and in accordance with the Indian Self-Determination and Education Assistance Act of 1975, as amended (Public Law 93-638), and the Navajo Preference in Employment Act (15 N.N.C. Chapter 7), the Navajo Health Foundation – Sage Memorial Hospital (“NHF/SMH”) offers a preference in hiring to applicants of federally recognized American Indian status. **To be considered for this preference for hiring, you MUST provide one of the following affidavits:** (1) Tribal Enrollment Card/Letter with a valid Enrollment Number; OR (2) Form BIA-4432, Verification of Indian Preference for Employment. **If either form of validation is not attached to your application, NHF/SMH is not obligated to offer a preference in hiring.**

**Employment History (Complete this Section)**  
**You may attach a resume' to support your completed application.**

<b>START DATE</b>	<b>END DATE</b>	<b>FINAL POSITION TITLE</b>	<b>FINAL SALARY</b>
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES			

<b>START DATE</b>	<b>END DATE</b>	<b>FINAL POSITION TITLE</b>	<b>FINAL SALARY</b>
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES			

<b>START DATE</b>	<b>END DATE</b>	<b>FINAL POSITION TITLE</b>	<b>FINAL SALARY</b>
EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES			

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EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
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BRIEF DESCRIPTION OF DUTIES			

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EMPLOYER		LAST SUPERVISOR'S NAME	PHONE NUMBER
STREET ADDRESS, CITY, STATE, ZIP CODE			REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES			

## Professional References – Do Not List Former Supervisors

Name	Address	Telephone Number / E-Mail Address

## Education & Training

School(s) Attended	Name & Location of School	Dates Attended	Type Degree/Certificate Received
High School			
Community College/Trade			
College/University			
Graduate			

List any training relevant to the position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Circle Responses Below

Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to, any felonious or misdemeanor offense, under Federal, State or Tribal law involving crimes or violence; sexual assault, molestation, exploitation, contact or prostitution, crimes against persons; or offenses committed against children? **Yes No**

Have you ever been arrested or charged with a crime involving a child? **Yes No**

During the past ten (10) years, have you been convicted, imprisoned, on probation, or been on parole for any reason? **Yes No**

During the past five (5) years, have you been fired from any job for any reason, quit after being informed that you would be fired, leave from any job by mutual agreement because of specific problems, or were debarred from any position? **Yes No**

## CERTIFICATION

I declare that under penalty of perjury that the information contained in this application, resume' or other documents submitted are true to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment and is justification for my dismissal from employment if discovered later.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Social Security Number:** \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF INFORMATION TO NHF/SMH**

I hereby authorize the release of employment references and/or education verification to the Navajo Health Foundation – Sage Memorial Hospital Human Resources Department, including, but not limited to, my entire employment history and wages, and any information which may be requested relative to my employment, employment application(s), and other related matters, and to furnish any copies of any and all records concerning me regarding or in connection with my employment.

I further authorize any individual, partnership, corporation, entity or governmental (tribal, state, county, federal) agencies to release information to the Navajo Health Foundation – Sage Memorial Hospital Human Resources Department regarding my past employment history and other required information as requested.

**ATTESTATION**

In consideration for employment or being considered for employment, I attest that by signing below, I release all entities from all liability of any kind for the release of my employment information. I further agree to indemnify and hold my former or current employer(s) harmless for the release of same.

Printed Name	Signature	Date
<b>Social Security Number:</b>		



### **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](http://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](mailto:orders@kressinc.com)