



Northern Apache County
Special Health Care District
ST. MICHAELS, AZ

PO BOX 370 • ST MICHAELS, AZ 86511 • (928) 810-3800 P • (928) 810-3811 F

Northern Apache County Special Health Care District Employment Application

For NACSHCD Use Only

PLEASE PRINT ALL INFORMATION

Incomplete or illegible applications may not be considered. Unsigned applications will (or may) not be considered.

Position		Date		
PERSONAL INFORMATION				
SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME	
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS	CITY	STATE ZIP CODE	
DRIVER'S LICENSE NUMBER	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS: STATE	EXPIRATION DATE (MM/DD/YYYY)	
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS		
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE CENSUS NUMBER	If no, state Nationality	DATE OF BIRTH (MM/DD/YYYY)	
ARE YOU A SPOUSE OF AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE SPOUSE'S NAME & CENSUS #			
POSITION INFORMATION				
REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE		
EDUCATION				
NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				
LIST ADDITIONAL CREDENTIALS, CERTIFICATIONS AND JOB RELATED TRAINING - INCLUDE DATES OF TRAINING:				
LIST JOB RELATED SKILLS:				

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REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for. Do not repeat names of supervisors listed under work history.		
NAME	EMAIL ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * <input type="checkbox"/> YES <input type="checkbox"/> 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

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

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH, OR ON THE BOARD OF, NORTHERN APACHE COUNTY SPECIAL HEALTH CARE DISTRICT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/DEPARTMENT:	RELATIONSHIP:	
NAME/DEPARTMENT:	RELATIONSHIP:	

EMPLOYMENT HISTORY

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:	EMAIL ADDRESS:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYMENT HISTORY

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:	EMAIL ADDRESS:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

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EMPLOYMENT HISTORY			
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	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:	EMAIL ADDRESS:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE NORTHERN APACHE COUNTY SPECIAL HEALTH CARE DISTRICT. MY SIGNATURE BELOW AUTHORIZES THE NORTHERN APACHE COUNTY SPECIAL HEALTH CARE DISTRICT TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE THE NORTHERN APACHE COUNTY SPECIAL HEALTH CARE DISTRICT TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

SIGNATURE _____

DATE _____