



Employment Application

The Canoncito Band of Navajos Health Center Inc. is a tribal entity. Preference in hiring will be initially extended to eligible and qualified Navajo applicants, followed by other state and federally recognized Indian tribal members, and thereafter any and all non-Indian applicants, as set forth in the provisions of the Indian Self-Determination Act (P.L. 93-638), and the Navajo Preference in Employment Act (Title 15, Chapter 7 of the Navajo Tribal Code). All positions that allow an applicant or employee regular contact with or control over Indian children are subject to a background investigation and determination of suitability for employment.

APPLICANT INFORMATION (please print)

DATE: _____

Name (Last, First, MI):	Job Applied For:	Salary Desired:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Phone Number (area code & number):	E-mail Address:		
Valid Driver's License Number:	Issuing State:	Expiration Date:	
How Did You Learn About Us?			
<input type="checkbox"/> CNBHC INC. WEBSITE <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> RADIO <input type="checkbox"/> EMPLOYEE (NAME):			
Please answer the following questions:			
Are you 18 years of age or older?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a U.S. Citizen? If no, give the country of your citizenship:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an enrolled Navajo tribal member? If yes, provide tribal enrolled member number:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a spouse or child of a Navajo tribal member? If yes, how are you related:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a member of another tribe? If yes, which tribe:		Tribal Enrollment Number:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by this company? If yes, when?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any relatives working at Canoncito Band of Navajos Health Center Inc.? If yes, who? Relationship:			<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY SERVICE RECORD

Have you served in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch:
Type of Discharge:	Date of Service:

WORK EXPERIENCE

Start with your present or last job in the last 10 years. Include any job-related military service assignments and volunteer activities.

Employer:	Dates Employed Start Date (Month/Year):	End Date (Month/Year):
Address:	Work Performed/Description of Duties:	
Telephone Number(s):		
Present/Final Job Title:		
Supervisor's Name:		
Reason for Leaving:		
Employer:	Dates Employed Start Date (Month/Year)	End Date (Month/Year)
Address:	Work Performed/Description of Duties:	
Telephone Number(s):		
Present/Final Job Title:		
Supervisor's Name:		
Reason for Leaving:		
Employer:	Dates Employed Start Date (Month/Year)	End Date (Month/Year)
Address:	Work Performed/Description of Duties:	
Telephone Number(s):		
Present/Final Job Title:		
Supervisor's Name:		
Reason for Leaving:		
Employer:	Dates Employed Start Date (Month/Year)	End Date (Month/Year)
Address:	Work Performed/Description of Duties:	
Telephone Number(s):		
Present/Final Job Title:		
Supervisor's Name:		
Reason for Leaving:		

EDUCATION

High School:			
Address:	City:	State:	Zip Code:
Phone Number:			
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED			
HONORS, AWARDS & PAPERS PUBLISHED OR TECHNICAL LICENSES HELD:			
Undergraduate College:			
Address:	City:	State:	Zip Code:
Phone Number:			
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma/ Degree <input type="checkbox"/> Certificate Course of Study:			
HONORS, AWARDS & PAPERS PUBLISHED OR TECHNICAL LICENSES HELD:			
Graduate/ Professional:			
Address:	City:	State:	Zip Code:
Phone Number:			
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma/ Degree <input type="checkbox"/> Certificate Course of Study:			
HONORS, AWARDS & PAPERS PUBLISHED OR TECHNICAL LICENSES HELD:			
Other:			
Address:	City:	State:	Zip Code:
Phone Number:			
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma/ Degree <input type="checkbox"/> Certificate Course of Study:			
HONORS, AWARDS & PAPERS PUBLISHED OR TECHNICAL LICENSES HELD:			

OTHER QUALIFICATIONS

List all job related skills or training that would benefit you in the position you have applied for:

PROFESSIONAL REFERENCES

Give the names of three professional references, not related to you, whom you have known at least one year.

Please do not list personal references.

Please provide the email address for your professional reference

Name:	
Business:	Years Acquainted:
Phone Number:	
E-mail Address:	
Name:	
Business:	Years Acquainted:
Phone Number:	
E-mail Address:	
Name:	
Business:	Years Acquainted:
Phone Number:	
E-mail Address:	

ADDITIONAL DISCLOSURES

1. 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 of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?
 YES NO

If yes, you must provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department, law enforcement agency or court involved.

2. Have you ever been arrested or charged with a crime involving a child?
 YES NO

If yes, you must provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department, law enforcement agency or court involved.

3. During the past ten years, have you been convicted, imprisoned, on probation, or been on parole?
 YES NO

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of police department of court involved. (includes felonies, firearms or explosives violations, misdemeanors, and all other offenses)

4. Do you currently have any pending charges for any violation of the law?
 YES NO

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of police department of court involved. (a conviction will not necessarily disqualify applicant)

5. During the past five years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were debarred from any position?
 YES NO

If yes, please explain the details in full, including dates, details of offense(s) charges, jurisdiction and disposition of case, name and address of police department of court involved. (A previous infraction with a former employer will not necessarily disqualify applicant)

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully before signing)

Initial

<p>I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and shall be sufficient grounds for dismissal if discovered at a later date. I understand that if I am extended an offer of employment it is contingent upon my successfully passing the company background investigation.</p>	
<p>I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release CBNHC and all persons providing information that is truthful and provided in good faith.</p>	
<p>I voluntarily and knowingly authorize the release of any and all information requested by the Canoncito Band of Navajos Health Center Inc. or agency acting on the corporation's behalf for the purpose of preparing an investigation report. I understand that my application for employment is not complete until I have completed any additional documents required for the purposes of completing the investigative report. I understand that I have the right to request a complete disclosure of the nature and scope of the investigation which may legally be released, along with information in my investigative file, upon reasonable notice to the CBNHC Inc.</p>	
<p>I understand and acknowledge that this constitutes the entire agreement between me and the CBNHC Inc. regarding the term of my employment and supersedes any other verbal or written agreements, expressed or implied.</p>	
<p>I understand that any job offer is subject to a 90-day probationary period.</p>	
<p>I understand that I will be required to successfully pass a drug/alcohol screening examination. I hereby consent to a post-offer drug screen as a condition of employment.</p>	
<p>I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.</p>	

I have read, understand and by my signature consent to these statements. I declare under penalty of perjury that all statements made in this application are true and correct.

_____ **Date**

_____ **Signature of Applicant**

Canoncito Band of Navajos Health Center Inc. applies "Navajo Preference" as outlined in the Navajo Preference in Employment Act when filling vacancies. Primary consideration (I) under the Navajo Preference Policy shall be given to qualified applicants who are enrolled members of the Navajo Tribe. Considerations (II) shall be given to the spouse and children of enrolled members of the Tribe; Consideration (III) other Indian people enrolled in other federally recognized tribes; Consideration (IV) all other applicants.

To Apply:

Mail an application, letter of interest and resume to:
 Human Resources, CBN Health Center, Inc.
 P.O. Box 3338, To'Hajiilee, NM 87026

Or send via e-mail to:

humanresources@cbnhc.org