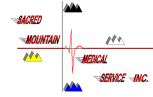


PLEASE PRINT ALL
INFORMATION
REQUESTED

Sacred Mountain Medical Services, Inc.
PO Box 2290 / 346 S. Peshlakai Ave Suite B
Tuba City, Arizona 86045



APPLICATION FOR EMPLOYMENT (Page 1)

PLEASE COMPLETE PAGES 1 - 4

DATE:

Name (Last, First, Middle, Maiden):

Present address:

Street::

City, State, Zip Code

How long at this address:

Social Security Number: - -

Date of Birth:

Telephone Number: ()

Best time of day to contact you at this number:

If under 18, please list age:

Can you legally work in the United States? Yes No

Position applying for:

Position No.:

How many hours can you work weekly?

Can you work nights? Yes No

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME CONTRACT TEMPORARY

When available for work?

Can you travel to out of state CE courses for 3 to 6 days each year? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	YEARS COMPLETED	MAJOR/DEGREE or CERTIFICATE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? Yes No If yes, a Criminal Background Check will be required.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Use a separate sheet of paper if space is limited.

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APPLICATION FOR EMPLOYMENT (Page 3)

MILITARY EXPERIENCE

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty Date:

Entered Discharge Date:

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1) Name of employer: Address:	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code: Phone number:		From To	Start Final
Reason for leaving (be specific):	Your last job title:		

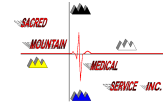
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

2) Name of employer: Address:	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code: Phone number:		From To	Start Final
Reason for leaving (be specific):	Your Last Job Title:		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT (Page 4)

Work experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

3) Name of employer: Address:	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code: Phone number:		From To	Start Final

Reason for leaving (be specific):

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

4) Name of employer: Address:	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code: Phone number:		From To	Start Final

Reason for leaving (be specific):

Your last job title:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Do you have any medical conditions that will limit your ability to perform the job applied for, or could be aggravated by the job applied for?
q Yes q No If yes, what are the conditions and your limitations?

Do you use tobacco? Yes No If so, what type? Smokeless Cigarettes/Pipes/Cigars Other - Describe?

By signing, I attest all information is true and accurate Signature of Applicant:

Date:

Sacred Mountain Medical Service

PO Box 2290
Tuba City, Arizona 86045
(928) 283-8243



RECORD CHECK RELEASE FORM

I, _____, authorize Sacred Mountain Medical Service to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent reporting agency and all associated entities and its clients to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency.

Full Name: _____

Maiden Name (if applicable): _____

Other Former Names (list all, if applicable): _____

Birth Date: _____ Social Security # _____ - _____ - _____

Driver's License # / Issuing state: _____

Signature

Date