PLEASE PRINT INFORMATIO REQUESTEI	N	Sacred Mountain Medical Services, Inc. PO Box 2290 / 346 S. Peshlakai Ave Suite B Tuba City, Arizona 86045				
			APPLICATION FOR EMPLOY	MENT (Page 1)		
PLEASE COMPLE	TE PAGES	1 - 4			DATE:	
Name (Last, First, N	/liddle, Maid	len):				
Present address: Street:: City, State, Zip Cod	е					
How long at this add	dress:		Social Security Number:		Date of B	irth:
Telephone Number	:())	Best time of day to contact	you at this number:		
If under 18, please I	list age:		Can you legally work in the Unit	ed States?	No	
Position applying for: Position No.:						
How many hours ca	an you work	weekly?	Can you work nig	hts? 🗆 Yes 🗖 No		
Employment desired	d: 🗅 FULL		PART-TIME ONLY	R PART-TIME		ORARY
When available for	work?		Can you travel to out of state CE	courses for 3 to 6 days ea	ch year? 🛛 Yes	D No
TYPE OF SCHOOL	-		LOCATION (Complete mailing address)		YEARS COMPLETED	MAJOR/DEGREE or CERTIFICATE
High School						
College				i		
Bus. or Trade School						
Professional School						
Have you ever beer	n convicted	of a crime?	Yes 🛯 No 🛛 If yes, a Criminal E	Background Check will be	required.	
			offense(s) leading to conviction(s) parate sheet of paper if space is li		e(s) was/were coi	nmitted, sentence(s)

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	APPLICATION FO	R EMPLOYMENT (Page 2)			
Do you have child care to cov	ver the hours of employment that you are a	applying for?	0		
Do you have a driver's license	e? 🗆 Yes 🗖 No 🛛 Are you insured	d motorist? 🗅 Yes 🗅 No)		
What is your means of transp	ortation to work?				
Driver's license Number: State of issue: Expiration Date:		Operator Com	umercial (CDL) 🛛 Chauffeur		
Have you had any accidents	during the past three years?		How many?		
Have you had any moving vio	lations during the past three years?		How Many?		
Have you used Microsoft Offic	ce software? 🗅 Yes 🗅 No	Have you used Quickbooks so	ftware?		
How many WPM (words per r	minute) do you type?	Ten Key?	Short Hand?		
Computer Experience:	None 🛛 PC (Windows)	Other:			
🗆 Macintash 🛛 Networking	g 🛛 Repair	Skills :			
	Please list two references othe	r than relatives or previous emp	ployers.		
Name:		Name:			
Position:		Position:			
Company:		Company:			
Address:		Address:			
Telephone: ()		Telephone: ()			
summarize any additional info	es makes it difficult for an individual to ade ormation necessary to describe your full qu NOT PRINT OR TYPE THIS SECTION!		background. Use the space below to ition for which you are applying. Please use		
[

PLEASE PRINT ALL INFORMATION REQUESTED	Sacred Mountain Medical Services, Inc. PO Box 2290 / 346 S. Peshlakai Ave Suite B Tuba City, Arizona 86045					SACIET MUMTUM PAN SERVICE -MIC.	
	APPLICA	TION FOR EM	PLOYMENT (Pag	ge 3)			
		MILITARY E	EXPERIENCE				
HAVE YOU EVER BEEN IN THE	ARMED FORCES?	es 🗆 No					
ARE YOU NOW A MEMBER OF 1	HE NATIONAL GUARD?	🗆 Yes 🗖 N	lo				
Specialty Date:		E	Intered Discharge	e Date:			
	ork experience for the past litional sheets if necessar		inning with your n	nost recent job held. I	f you were se	elf-employed, give firm	
1) Name of employer: Address:	Name of la	Name of last supervisor Employment dates		dates	Pay or salary		
City, State, Zip Code:				From		Start	
Phone number:				То		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.						s company.	
2) Name of employer: Address:		Name of la	st supervisor	Employment d	dates	Pay or salary	
City, State, Zip Code:				From		Start	
Phone number:				То		Final	
Reason for leaving (be specific): Your Last Job Title:						l	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

PLEASE PRINT ALL INFORMATION REQUESTED	PO Box 2290 / 3	Sacred Mountain Medical Services, Inc. PO Box 2290 / 346 S. Peshlakai Ave Suite B Tuba City, Arizona 86045				
	APPLICATION	FOR EMPLOYMENT (Page 4	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 date	es Pay or salary		
City, State, Zip Code: Phone number:			From	Start		
Reason for leaving (be sp	pecific):	Your last job t				
	ou held, duties performed, skills used or le			at this company		
 Name of employer: Address: 		Name of last supervisor	Employment date	es Pay or salary		
City, State, Zip Code: Phone number:			From	Start		
Reason for leaving (be sp	pecific):	Your last job t	itle:	1		
List the jobs y	rou held, duties performed, skills used or le	arned, advancements or pron	notions while you worked a	at this company.		
May we contact your pres	sent employer? 🛛 Yes 🖾 No					
Do you have any medical q Yes q No If yes, wi	l conditions that will limit your ability to perf hat are the conditions and your limitations?	form the job applied for, or cou ?	lld be aggravated by the jo	ob applied for?		
Do you use tobacco?	I Yes □ No If so, what type? □ S	Smokeless	es/Cigars 🛛 Other - Des	scribe?		
	ormation is true and accurate Signature					

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): _____

Driver's License # / Issuing state: _____

Signature