



GILA RIVER HEALTH CARE CORPORATION
 Hu Hu Kam Memorial Hospital
 Post Office Box 38
 Sacaton, Arizona 85247-0038
 Telephone: (520) 562-3321 or (602) 528-1200
 Fax Number: (602) 528-1487
"Improving the Health of Indian People"

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Last Name: _____ First Name: _____ MI _____
PLEASE PRINT PLEASE PRINT

Address: _____ City: _____ State: _____ Zip: _____
PLEASE PRINT PLEASE PRINT

Phone: Home# _____ - _____ Alternative# _____ - _____ Message: _____ - _____

Are you 18 years old or older? Yes No

Are you legally eligible for employment in the United States? Yes No

Preference is given to qualified GRIC Members and other Tribal members.

Are you an enrolled member of the GRIC? Yes No Enrollment Number _____

Are you a member of a federally recognized Indian Tribe? Yes No

Tribal Affiliation _____

POSITION INFORMATION:

Position applying for: _____ Announcement No. **GRHCC-#** _____

When can you start to work? _____

Are you willing to work? Full Time Part Time Rotating shifts Pool

EDUCATION INFORMATION: (PLEASE PRINT)

High School Name: _____ City/State: _____

Did you graduate? Yes No GED? Yes No

Technical Institution: _____

City/State: _____ Degree Earned: _____

College/University Name: _____

City/State: _____ Degree Earned: _____

College/University Name: _____

City/State: _____ Degree Earned: _____

College/University Name: _____

City/State: _____ Degree Earned: _____

College/University Name: _____

City/State: _____ Degree Earned: _____

College/University Name: _____

City/State: _____ Degree Earned: _____

Licenses/ Registration/ Certifications: _____

Training and Skills: List all special training acquired in relation to this position.

EMPLOYMENT HISTORY:

Provide information of the past employment history starting with the most current first.

1. Employer Name: _____ Phone Number: _____

City/State/Zip _____

Job Position/Title: _____ Date from: _____ Date to: _____

Reason for Leaving: _____

May we contact your employer? Yes No

Supervisor: _____ Job Duties/ Functions: _____

2. Employer Name: _____ Phone Number: _____

City/State/Zip _____

Job Position/Title: _____ Date from: _____ Date to: _____

Reason for Leaving: _____

May we contact your employer? Yes No

Supervisor: _____ Job Duties/ Functions: _____

3. Employer Name: _____ Phone Number: _____

City/State/Zip _____

Job Position/Title: _____ Date from: _____ Date to: _____

Reason for Leaving: _____

May we contact your employer? Yes No

Supervisor: _____ Job Duties/ Functions: _____

4. Employer Name: _____ Phone Number: _____

City/State/Zip _____

Job Position/Title: _____ Date from: _____ Date to: _____

Reason for Leaving: _____

May we contact your employer? Yes No

Supervisor: _____ Job Duties/ Functions: _____

5. Employer Name: _____ Phone Number: _____

City/State/Zip _____

Job Position/Title: _____ Date from: _____ Date to: _____

Reason for Leaving: _____

May we contact your employer? Yes No

Supervisor: _____ Job Duties/ Functions: _____

PERSONAL REFERENCES: Provide three (3) persons not related to you.

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

ADDITIONAL INFORMATION:

Have you ever been convicted of a felony? Yes No

If yes, please describe in full (dates, etc.):

Do you have a relative(s) working at Gila Health Care Corporation? YES NO

Who: _____ Dept. _____

Where did you hear about the job announcement?

Newspaper Specify: _____ Community Posting GRHC Website

GRHCC Employee Internet Job Sites (ie. Jobs.com) Specify: _____

Name: _____

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

I certify that the answers and statements given in the application and/or attached resume are true and complete to the best of my knowledge. I authorize the investigation of all statements and information contained in this application and/or resume and agree to hold the Gila River Health Care Corporation and any individuals or former employees identified in my application or resume (including their employees, officers and agents) harmless from providing information, or the use of that information, in response to any investigation authorized hereby.

In consideration of my employment, if I am employed, I agree to conform to the employment policies and procedures of the Gila River Health Care Corporation.

I hereby understand and acknowledge that any employment relationship with the Gila River Health Care Corporation is of an **“at will”** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. No employment contract or other purported modifications to at will employment is valid, whether oral or written, unless expressly approved by resolution of the Board of Directors.

I understand that the Gila River Health Care Corporation requires the successful completion of a urinalysis for drug testing purposes and background check. I hereby consent to the urinalysis test and employment background check.

I understand that any misrepresentation, deception, or false statements made in this Employment Application may result in my not being considered for employment, and if not discovered by the Corporation until after my becoming employed, is grounds for, and may result in, my immediate termination.

I consent to the jurisdiction of the Gila River Indian Community with regard to all issues related to or arising out of this application.

Signature _____ Date _____