

Tuba City Regional Health Care Corporation

Human Resources Department
 167 N. Main Street, P.O. Box 600
 Tuba City, Arizona 86045-0600
 Phone: (928) 283-2432
 Fax: (928) 283-2042



Application for TCRHCC Board Membership

****Complete all sections on the application and sign, otherwise the application shall be deemed incomplete and returned****

Requirements – the following items are required: *(Qualifications: Set forth in Bylaws Article II, Section 6)*

- Application for TCRHCC Board Membership
- Resume
- Letter of Interest
- Certificate of Indian Blood (CIB)
- Three (3) current recommendation letters
- Proof of age, must be over 21 years of age
- Proof of voting rights in the Chapter, Village or San Juan Southern Paiute
- Drug test and drug testing consent form **(to be completed upon submission of application)**
- Fingerprints and criminal background check consent form **(to be completed upon submission of application)**

PLEASE PRINT CLEARLY OR TYPE

Date of Application: _____

Legal Name: Last, First Middle	Email:
Mailing Address:	
Physical Address:	
Telephone No.:	Other Phone No.:

If necessary, what is the best time to call you _____ : _____ AM PM

Chapter/Village Affiliation: _____ Tribal Affiliation: _____

Are you a voting member of the designated chapter, village or tribe? Yes No

Are you more than 21 years of age? Yes No

Have you ever been employed by TCRHCC or served on the Board before? Yes No
 If yes, provide date(s): From _____ TO _____ Provide the Position Title and/or Chapter: _____

Are you able to travel when required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Are you currently an elected or appointed official of any tribal, county, state or federal government entity? Yes No
 If yes, please state the name of the office, the name of the entity, and whether you were appointed or elected:

Do you have any immediate relatives who are already serving on the TCRHCC Board of Directors? Yes No
 If yes, please state the full name of the immediate family member and state the nature of your relationship (i.e., husband, wife, mother, father, sister, brother, etc.)

Experience History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent. Use additional sheets or note on resume if necessary.

Employer Name		Start Date	
Supervisor Name and Title		End Date	
Employer Address		Phone	
City/State/Zip Code		Email Address (optional)	
Position Held		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			
Summarize the type of work performed and job responsibilities:			
Employer Name		Start Date	
Supervisor Name and Title		End Date	
Employer Address		Phone	
City/State/Zip Code		Email Address (optional)	
Position Held		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			
Summarize the type of work performed and job responsibilities:			
Employer Name		Start Date	
Supervisor Name and Title		End Date	
Employer Address		Phone	
City/State/Zip Code		Email Address (optional)	
Position Held		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving?			
Summarize the type of work performed and job responsibilities:			

Educational Background

List schools attended, starting with most recent. If no degree, provide number of completed/credited hours.

High School Name		Start Date	
Phone		End Date	
School Address			
Did you graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree, Diploma earned	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University Name		Start Date	
Phone		End Date	
School Address			
Did you graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Field of Study	
College/University Name		Start Date	
Phone		End Date	
School Address			
Did you graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Field of Study	
College/University Name		Start Date	
Phone		End Date	
School Address			
Did you graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Field of Study	

Licensures/Registration/Certification

List in the states or provinces, in which you have applied or been granted license or registration. Attach a legible copy of all license(s).

Type of License (s)	Registration/License Number(s)	State of Licensure	Date Issued	Date Expires
Has any license or registration entitling you to practice your profession in any jurisdiction been challenged, investigated, denied, suspended, limited, or placed under stipulation, revoked, or been voluntarily/involuntarily relinquished? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable, no license/registration/certification				
If yes, explain:				

References

List names and telephone numbers of three business/work references who are NOT related to you and are NOT previous supervisors.

Name	Email Address	Telephone

List special accomplishments, publications, awards, etc.

List any additional information you would like us to consider.

Background Check

Federal law requires criminal background of each individual who is being considered for employment in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children. The Indian Child Welfare and Family Violence Prevention Act and the Crime Control Act of 1990 (**PL 101-630**) requires that all applicants shall successfully complete a background check to include criminal history checks conducted pursuant to fingerprints checks as set forth in the above-noted laws and regulations to include applicable national, state and tribal jurisdictions, all as more fully set forth in the laws and regulations. Appointment shall not be offered to applicants who fail to meet the standards set forth in the above-noted laws. This also applies to appointment as a Director with the TCRHCC Board of Directors.

Please answer the questions below – response required:

1. Have you ever been arrested for or charged with a crime involving a child? Yes No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

2. Have you ever been found guilty of, or entered a plea of no contest (nolo contendere) or guilty to, any felonious offense or any of two (2) or more misdemeanors offenses under federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? Yes No

If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

3. Have you ever been found guilty of, cited, or entered a plea of no contest (nolo contendere) to any traffic and/or moving violations within the last five years? Yes No
 If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

4. Have you ever been charged, convicted, been found guilty of, or entered a plea of nolo contendere (no contest) to ANY crime(s)--felonies or misdemeanors? Yes No
 If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

Answering "YES" to this question does not constitute an automatic disbarment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation will be taken into consideration.

5. Are you listed or were previously listed; or currently debarred or sanctioned from doing business with the federal government; or have any pending charges or disciplinary actions or pending sanctions against you by any federal or state law enforcement, regulatory on the Cumulative Sanction List of the Office of the Inspector General (OIG), System for Award Management System (SAM), and Office of Personnel Management (OPM) Exclusionary List? Yes No
 If yes, does this include exclusion in any state Medicare, Medicaid, or third-party insurance programs? Yes No

Explain:

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Other names used:	Date of Birth: (mm/dd/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth: (City, State, Country)	Last 4-digits of Social Security #:	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card #:	Issuing State:	Expiration Date: (mm/dd/yyyy)
<input type="checkbox"/> Other Driver's License #:	Issuing State:	Expiration Date: (mm/dd/yyyy)

Attestation/Consent to Conduct Background Check/Release of Personnel Information

I give my consent for any employer or educational institution to release any information required in connection with this background information including, but not limited to, my personnel files or education files, or any information contained therein. I hereby waive my right to receive a copy of any written communication furnished to the Tuba City Regional Health Care Corporation (TCRHCC) by any employer. A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

I further certify that all information I have provided within this application as a Board of Director is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or result in removal as a Director when it is discovered. I understand I am required to complete a criminal background check and pre-employment drug screening. Appointment will be contingent upon a negative drug screening result and successful completion of the background check.

Signature of Applicant: _____

Date: _____

Print Name: _____



TCRHCC Drug Test

TCRHCC is committed to a safe & productive work environment for employees and an environment that contributes to quality patient care. Illegal drugs & alcohol abuse will not be tolerated in the workplace.

Quantisal Oral Fluid Drug Testing

Intercept oral fluid drug test-the oral fluid solution to modern drug testing. The Intercept service provides a smart alternative to costly, inconvenient and often embarrassing urine drug testing. This testing service detects the following:

NIDA-5 drug panel:

- ✓ Marijuana
- ✓ Cocaine
- ✓ Opiates
- ✓ PCP
- ✓ Amphetamines

As well as:

- Barbiturates
- Methamphetamine
- Benzodiazepines
- Methodone

Reasonable Suspicion Screening

Whenever TCRHCC has a reasonable suspicion that an employee may be impaired at work through the use of drugs or alcohol, the employee may be asked to submit to testing. The employee's supervisor, with the participation and approval of Human Resources, shall make the decision to require a drug or alcohol screening; refusal to consent to the testing will be grounds for immediate termination. Confidentiality will be maintained and only those persons with a "business need to know" will be informed of the situation and results of the screening. If positive, the employee will be subject to disciplinary action up to and including termination. The employee may be terminated or, at the discretion of TCHRCC, the employee may receive a mandatory referral to EAP or drug or alcohol treatment program. Failure to attend or complete the program will result in termination. Failure to contact the EAP and to follow any program recommended by the EAP will result in termination.

Pre-Employment Drug Screening

Drug screenings are conducted as a routine part of all pre-employment health screens. All offers of employment are contingent upon satisfactory completion of the drug screen; failure to complete the screening or testing positive will result in the conditional offer of employment being rescinded. Individuals will complete "drug test authorization" upon offer of employment.

Post-Rehabilitation Screening

Employees participating in a drug or alcohol treatment program, which was requested by management due to performance problems or as a condition of employment, may be randomly screened for drug or alcohol use within the first ninety (90) days of return to work following treatment in such a program. TCRHCC reserves the right to extend the period of random screening for a specified period of time (not to exceed 1 year following return to work) based on the best interests of TCRHCC and patient safety. Refusal or failure to fully and immediately comply with the requirements of drug or alcohol screening will result in immediate discharge.

Drug Test Authorization

I understand that I must abide by the conditions outlined in the Policy for a Drug & Alcohol-Free Workplace. I will notify my supervisor, appropriate human resource representative or other authorized official of any criminal drug arrest or conviction within five (5) calendar days of the arrest or conviction. I realize that Federal law may require that my employer communicate conviction information to a Federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the workplace or while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug tests as indicated on this notice.

Print Name _____

Signature _____

Date _____

Board of Director

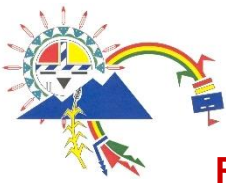
Position Title _____

Dept _____

- Employee Contractor Volunteer Resident/Student

Reason:
<input checked="" type="checkbox"/> New Hire
<input type="checkbox"/> Promotion/Transfer
<input type="checkbox"/> Work Injury
<input type="checkbox"/> Reasonable Suspicion
<input type="checkbox"/> Random

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TCRHCC Consent Form: Release of Information for a Criminal Background Check

I understand that the Tuba City Regional Health Care Corporation (TCRHCC) will use the services of SterlingONE and/or National Credit Reporting to perform a Criminal History Background Check as part of the procedure for processing my application for employment, promotion, volunteer services, contract services, or assigned as a Medical Student/Resident.

I understand that the SterlingONE and/or National Credit Reporting will conduct an investigation that will search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report by contacting SterlingONE or National Credit Reporting. I understand if I disagree with the accuracy of any information in the report, I must notify Human Resources within three (3) business days of receipt of the report. If I notify Human Resources within this time, I will have a reasonable opportunity to address the information contained in the report.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making an employment or promotion decision.

I hereby consent to the Criminal History Background Check as described above and authorize TCRHCC to procure reports concerning my background as stated above and with the information provided below.

Applicant's Signature

Date

PLEASE TYPE OR PRINT LEGIBLY

Direct Hire/Temporary Volunteer Contractor /Locum Medical Student/Resident

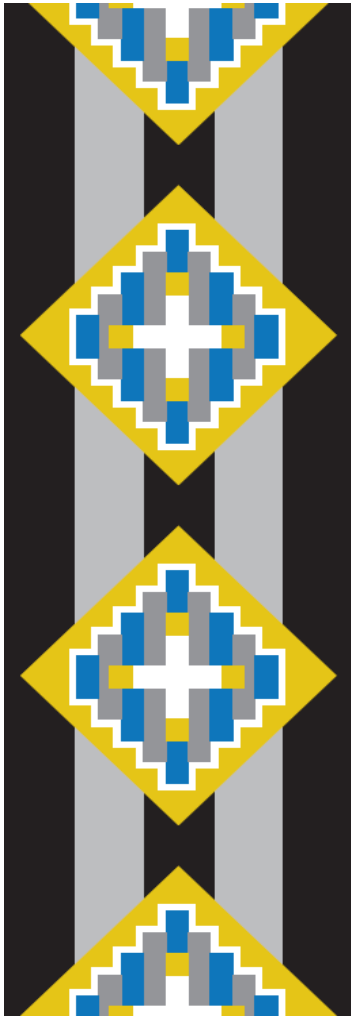
FULL LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME <i>(not former maiden name)</i>	
ALIAS NAME / MAIDEN NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
POSITION TITLE Board of Director	DEPARTMENT	DAYTIME PHONE NUMBER	
<input type="checkbox"/> State Driver's License # or <input type="checkbox"/> State Issued ID Card #	Licensed State	Expiration Date	
Licensure / Certification Cards:	Type of License	Licensed State	Expiration Date
License / Certification #			
License / Certification #			
License / Certification #			

RACE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or more races	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male HEIGHT: _____ WEIGHT: _____	EMAIL ADDRESS: _____
EYE COLOR: <input type="checkbox"/> Black (Blk) <input type="checkbox"/> Brown (Brn) <input type="checkbox"/> Gray (Gry) <input type="checkbox"/> Blue (Blu) <input type="checkbox"/> Green (Grn) <input type="checkbox"/> Hazel (Hzl)	HAIR COLOR: <input type="checkbox"/> Black (Blk) <input type="checkbox"/> Brown (Brn) <input type="checkbox"/> Gray (Gry) <input type="checkbox"/> Blonde (Bld) <input type="checkbox"/> Red or Auburn (Red)	STATE OF BIRTH <u>or</u> FOREIGN COUNTRY OF BIRTH: _____ CITIZENSHIP: _____

Thank You & Have a Wonderful Day!



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Accepting applications for Board of Directors representing:

- ▶ Cameron
- ▶ Coalmine
- ▶ Kaibeto
- ▶ LeChee

To serve a 4 year term

Submit online application at
www.tchealth.org/careers

For more information, contact:

Sharr Yazzie, Chief Human Resources Officer

Phone: 928-283-2432

Email: TCRHCCHR@tchealth.org



Tuba City
Regional Health Care Corporation