



# Application for Employment

Sacred Circle Healthcare  
 660 S 200 E Suite 250  
 Phone: 801-359-2256

Position applied for: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Are you legally eligible for employment in the United States  Yes  No  
 (Under the Immigration Reform and Control Act of 1986 you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference:  Full-time  Part-time  Temporary  Other Date Available: \_\_\_\_\_

Days Available:  Mon  Tues  Wed  Thurs  Fri Salary Desired: \_\_\_\_\_

Do you have any relatives employed at our clinic?  Yes  No

If yes, who? \_\_\_\_\_

Do you have anyone employed at our clinic residing in your household?  Yes  No

If yes, who? \_\_\_\_\_

\*We do not exclude applicants based on relation or household, we solely need this information to determine supervisor and team assignment.

Have you ever filed an application with us before?  Yes  No If yes, when? \_\_\_\_\_

May we contact your current employer?  Yes  No May we contact your previous employers?  Yes  No

## Record of Employment (beginning with your most recent employer)

Name of Employer	Address
Telephone #	Your Position
Dates Employed	Rate of Pay
From: _____ To: _____ MM/YY MM/YY	Beginning _____ End _____
Reason for Leaving:	
Your Duties:	



<b>Name of Employer</b>	<b>Address</b>
<b>Telephone #</b>	<b>Your Position</b>
<b>Dates Employed</b>	<b>Rate of Pay</b>
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From: _____ To: _____ MM/YY MM/YY	Beginning _____ End _____
Reason for Leaving:	
Your Duties:	

**Education**

Type	Name	Major	Last Year Completed	Did you graduate?
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Technical Skills**

Word Processor \_\_\_\_\_ WPM     Adding Machine     Data Entry     Personal Computer

Software Skills \_\_\_\_\_

**Special credentialing, certifications, or professional licensing**

\_\_\_\_\_

**Additional Skills and Qualifications**

\_\_\_\_\_



**Work References**

Name:	Name:
Company:	Company:
Phone:	Phone:

**Personal References**

Name:	Name:
Company:	Company:
Phone:	Phone:

Have you ever been convicted of any type of billing fraud including Medicare or Medicaid?  Yes  No

Have you ever been including on the Office of Inspector General's database of suspended persons?  Yes  No

Have you read and understand the duties and responsibilities for this position?  Yes  No

Is there any reason why you could not perform all the described duties associated with this position?  Yes  No

**Are you an enrolled member of a federally recognized Tribe (CTGR or other)?  Yes  No**

If yes, please list your Tribal ID or CIB #: \_\_\_\_\_

**Sacred Circle Healthcare/Confederated Tribes of the Goshute Reservation gives preference to qualified American Indian/Alaskan Native Applicants.**

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all information on this application is subject to verification and I consent to any criminal history background checks. Background checks must pass IHS Guidelines. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations, or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_