



CCRC, INC.
8 PAGE APPLICATION FOR EMPLOYMENT
Read Entire Packet Prior to Completion of Application
All 8 Pages Must Be Submitted

APPLICANT MUST INITIAL EACH BOX TO ACKNOWLEDGE REVIEW AND SIGNATURE BELOW:

- APPLICANT EMPLOYMENT EXPECTATION**
APPLICANTS MUST BE ABLE TO EXERCISE GOOD JUDGEMENT, FUNCTION UNDER STRESS, ADAPT TO CHANGING ENVIRONMENTS AND PROVIDE PROFESSIONAL AND SENSITIVE CARE TO CONSUMERS WITH DEVELOPMENTAL DISABILITIES. DAILY REQUIRED SKILLS AND ABILITIES INCLUDE, OBSERVATION, COMMUNICATION, READING AND WRITING SKILLS AND BEHAVIORAL MATURITY ARE EXPECTED.

- CCRC, INC. IS A DRUGS, NARCOTICS, AND ALCOHOLIC BEVERAGE FREE WORKPLACE**
APPLICANTS MAY BE SUBJECT TO A DRUG TEST AS A CONDITION OF EMPLOYMENT IN ACCORDANCE TO CCRC, INC. DRUGS, INTOXICATING BEVERAGE, NARCOTICS FREE WORKPLACE POLICY. APPLICANT REFUSAL TO SUBMIT TO TESTING WILL RESULT IN DISQUALIFICATION OF FURTHER EMPLOYMENT CONSIDERATION.

- PHYSICAL EXAMINATION / TUBERCULOSIS SKIN TEST**
PHYSICAL EXAMINATIONS AND A TUBERCULOSIS SKIN TEST (TB RESULTS MUST BE WITHIN THE PAST 12 MONTHS) ARE REQUIRED FROM ALL APPLICANTS PRIOR TO BEGINNING WORK OR RECEIVING AN OFFER FOR EMPLOYMENT.

- TRAINING REQUIREMENTS**
ALL APPLICANTS WILL BE EXPECTED TO PARTICIPATE FULLY IN REQUIRED TRAINING FOR COURSE COMPLETION. ATTENDANCE IS RECORDED AND 100% ATTENDANCE IS MANDATORY. THE APPLICANT MUST PARTICIPATE ACTIVELY IN ALL CLASSROOM ACTIVITIES. REQUIREMENT INCLUDES THE ABILITY TO OPERATE A COMPUTER TO COMPLETE ONLINE COURSES.

- BACKGROUND CHECK FINGERPRINTING REQUIREMENTS**
APPLICANTS ARE REQUIRED TO COMPLETE A STATE/NATIONAL BACKGROUND SCREENING FOR HEALTHCARE/CAREGIVER WORKERS. THIS *CAREGIVERS CRIMINAL HISTORY SCREENING CLEARANCE* WILL BE EFFECTIVE FOR 3 YEARS FROM THE DATE OF THE CLEARANCE. AN *EMPLOYEE ABUSE REGISTRY CLEARANCE* IS ALSO COMPLETED UPON SUBMISSION OF YOUR EMPLOYMENT APPLICATION. FINGERPRINTS ARE COMPLETED BY GALLUP SHERIFF DEPARTMENT.

<u>APPLICANT SIGNATURE:</u>	<u>DATE:</u>
<u>APPLICANT PRINT NAME:</u>	



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WHAT SHOULD BE ATTACHED TO THE EMPLOYMENT APPLICATION?

NAVAJO PREFERENCE IN EMPLOYMENT ACT

CCRC, INC. COMPLIES WITH THE NAVAJO PREFERENCE IN EMPLOYMENT ACT. APPLICANT MUST SUBMIT A COPY OF YOUR CERTIFICATE OF INDIAN BLOOD (CIB), TO VERIFY YOUR ENROLLMENT AS A NAVAJO TRIBAL MEMBER.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- CERTIFICATE OF INDIAN BLOOD (FOR NAVAJO PREFERENCE)
- HIGH SCHOOL DIPLOMA OR GED
- VALID DRIVER LICENSE (FOR CCRC AUTO INSURANCE ELIGIBILITY)
- SOCIAL SECURITY CARD (MUST BE SIGNED)
- PHYSICAL EXAMINATION (FORM AVAILABLE AT [WWW.CCCRCNM.ORG](http://www.cccrcnm.org) WEBSITE)
- TUBERCULOSIS SKIN TEST (WITHIN THE PAST 6 MONTHS IS ACCEPTABLE)
- RESUME (FOR SUPERVISORY/MANAGEMENT POSITION APPLICANTS)
- LETTER OF INTEREST (FOR SUPERVISORY/MANAGEMENT POSITION APPLICANTS)
- NURSING LICENSE NO. (FOR AGENCY NURSE POSITION APPLICANTS ONLY)

VERIFICATION OF EDUCATION & EXPERIENCE

THE FOLLOWING DOCUMENTS ARE REQUIRED TO VERIFY YOUR EDUCATION AND WORK EXPERIENCE:

- HIGH SCHOOL DIPLOMA OR GED (DOCUMENT REQUIRED)
- CERTIFICATES (CERTIFIED NURSING ASSISTANT CERTIFICATION)
- COLLEGE DEGREES (IF ANY)
- TRAINING CERTIFICATIONS (CPR/1ST Aid, FOOD HANDLER'S, DDS D TRAINING CERTIFICATES, ETC.)
- PREVIOUS EMPLOYERS CONTACT, WAGE INFO & SUPERVISOR NAME

OPTIONAL:

- LETTER OF RECOMMENDATION

<p><u>MAILING ADDRESS:</u> CCRC, Inc. P.O. Box 158 BRIMHALL, NM 87310</p>	<p><u>PHYSICAL ADDRESS:</u> CCRC, Inc. NAVAJO ROUTE 9 BRIMHALL, NM 87310</p>	<p><u>WEBSITE:</u> APPLICATION AVAILABLE AT www.cccrcnm.org</p>	<p><u>PHONE NUMBER:</u> 505-735-2261 <u>Fx:</u> 505-735-2258</p>
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SIGN RECEIVED/DATE

CCRC, INC.
P.O. BOX 158
BRIMHALL, NM 87310
www.ccrnm.org

THIS BOX FOR HR OFFICE USE ONLY

HR RECEIVED DATE: _____
 EAR DATE COMPLETED: _____
 DL VERIFICATION COMPLETED: _____
 VERIFIED BY: _____

APPLICATION FOR EMPLOYMENT

All information on the application is required. If you have questions contact Human Resources at CCRC, Inc. at (505) 735-2261.

PERSONAL INFORMATION		
Last Name,	First Name	Middle Initial (Indicate None if no middle name)
Street Address (Mailing Address)		Email Address (required)
City, State, Zip Code		Mobile Phone Home Phone
Check One <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	Are you willing to submit a Physical Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION DESIRED		
Position applying for? (Please indicate one position only)		
What days and hours are you available to work?		
Do you have reliable transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If hired, can you present evidence of proof of your legal right to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		
EMERGENCY CONTACT AND FAMILY INFORMATION		
Emergency Contact 1 (Name/Phone)		Emergency Contact 2 (Name/Phone):
List the names of your immediate family below:		
Mother	Father	Spouse
Child	Child	Child
Child	Child	Child
Do you have immediate family or relatives working for CCRC, Inc.? <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list below:		
<small>"Immediate Family" or "Relatives" are defined as husband, wife, mother, father, son, daughter, brother, sister, grandparent; half-brother, half-sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, cousin, nephew, and niece, stepmother, stepfather, stepbrother, stepsister, half-brother or half-sister. This information is necessary to ensure that CCRC, Inc. compliance with Policies and Procedures.</small>		
Name(s)	Relationship to You	Department
How did you hear about the Job Vacancy/Referred by:		
NAVAJO PREFERENCE (Certificate of Indian Blood must be attached for Navajo Preference)		
CCRC, Inc. is an Equal Opportunity Employer and abides by The Navajo Preference Employment Act.		
Are you an enrolled member of the Navajo Nation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Tribal Enrollment Number
Chapter Affiliation:	Agency:	
MILITARY SERVICE RECORD		
Have you ever served in the Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch of Service
Date of Military Service From _____ To _____		Type of Discharge

ADDITIONAL INFORMATION

Do you have a valid driver license (DL)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Driver License Number	State Issued	Date DL Expires
Do you ever been arrested by Navajo Police? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever been arrested by State Police? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have any history of a DWI/DUI convictions? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Part of your work will require lifting in excess of 100lbs. Do you have any physical limitations that would prevent you from lifting as a work requirement?			<input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain below:	
What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Navajo <input type="checkbox"/> Other _____				

PROFESSIONAL REFERENCES

Provide three (3) professional references of coworkers at previous employers. (NO RELATIVES OR FRIENDS)

Name	Address (Must include City and State)	Phone Number	Relationship to You	Years Known

EDUCATION

School Name and Address	Years Completed	Year Graduated	Degree Earned
High School	9 10 11 12		
College	1 2 3 4		
College	1 2 3 4		
Technical	1 2		
Other			

List any other professional certification you have received that would benefit you in the position you are applying for:

EMPLOYMENT HISTORY (For Management Positions a Resume & Letter of interest is Required In Addition)

Employer's Name and Mailing Address	Dates Employed		Job Title
	From	To	Supervisor's Name
	Salary \$		
	Reason for Leaving		Telephone Number
Describe Duties and Responsibilities			

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Describe Duties and Responsibilities

CERTIFICATION / VERIFICATION OF EMPLOYMENT

I hereby authorize the CCRC, Inc. to verify the information given in this application, if false, will not be accepted or, if falsification is discovered after employed by CCRC, Inc. may result in termination of employment.

I authorize CCRC, Inc. to verify my past/current employment, activities and background and agree to cooperate and release from all liability or responsibility all persons, entities, and corporation requesting or supply such information. This verification may also include a determination regarding whether I have a criminal record.

All persons and organizations are released from any liability whatsoever, as a result in any verification, criminal records check, inquiry, or investigate report made by or to CCRC, Inc. I hereby authorize Human Resources or designee, former employer, or law enforcement to furnish information concerning me, including but not limited to my character, general reputation, my education, my immediate family, my prior employment, my performance, my references, any criminal conviction record, any motor vehicle record, and any other relevant record, and I hereby release them from any liability or damage whatsoever for issuing such information as requested by CCRC, Inc. in connection with this application for employment.

I understand that it is necessary for CCRC, Inc. to verify my education, previous employment and obtain feedback from my professional references, and that a lack of the fore mentioned may result in not enough information to determine eligibility or qualifications for the job position applied for.

I declare under penalty of perjury that all information and statements made in this application are true and correct.

Signature:

Print Name: _____ **Date:** _____