## Department of Health & Human Services



## **Public Health Service**

Navajo Area Indian Health Service PO Box 9020 Window Rock, AZ 86515

## **APPLICATION CHECKLIST**

Dear Applicant:

<u>Please submit all items</u> and check off on the checklist and/or any other items that apply specifically to your application.

| Application Processes: (Select One) |   |
|-------------------------------------|---|
| Resumes                             | MUST include "HOURS WORKED PER WEEK" for each employer. (Incomplete applications require follow up which delays processing your application.) Please read the attachment on what is required on a resume.   |
| OF-612                              | List locations where you would consider working above the Announcement Number.  |
| Also include the                    | following <u>REQUIRED</u> documents:  |
|                                     | OF-306 Declaration for Federal Employment.  |
|                                     | Child Care & Indian Child Care Worker Positions form.   |
|                                     | BIA-4432 Indian Preference Certificate Required from <u>all</u> Native Americans claiming Indian Preference (IP). This form must be signed by appropriate BIA/Tribal official authorized to validate IP.  (*Non-IP Applicants: Include written statement – No Indian Preference.) |
|                                     | Copy of current nurse licensure, certifications, etc.   |
|                                     | Copy of final (official) College Transcript or Copy of Diploma  |
|                                     | Geographic Location /Availability Form (if applicable)  |
|                                     | KSA'S (Knowledge, Skills & Abilities)   |
| OTHER: (If appli                    | icable)   |
| Present Civil Servi submit:         | ice (CS) employees, reinstatement eligible past employees and VA (Title38)  |
|                                     | Latest Notification of Personnel Action (SF-50)   |

|  | Copy of most recent End of Year Performance Appraisal (EPMS) or Performance Appraisal System (PAS). *Required by Personnel |
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| Veteran's ONLY:  |  |
|  | For each period of service, a copy of all DD - 214 forms.  |
|  | SF-15 & all supporting documentation for 10 Point Veteran Reference.   |
| Submit this checklist with your application. If you have any questions, please call my office at (928) 871-1329. Thank you for your interest in the Indian Health Service (IHS). |  |
| Sincerely,   |  |
| Jeannette M. Yazzie, RN, BSN<br>Navajo Area Nurse Consultant   |  |

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