



## **APPLICATION INSTRUCTIONS**

Thank you for your interest in employment with the Hozhoni Foundation. We wish you success with the application process and look forward to receiving your completed application.

At this time, Hozhoni does not have a direct submit function for the application. Therefore, in order for the application process to go as smoothly as possible, we suggest you do one of the following:

1. Print the application form and fill out legibly by hand; OR
2. Complete the application form online *in its entirety*, then print the completed form. It cannot be saved for you to return to at a later time.

The application may then be faxed, mailed, or hand delivered.

**Please call the Recruiter for information on available careers:**

**Flagstaff: (928) 526-7944**

**Prescott: (928) 445-6996**

**Thank you!**

# APPLICATION FOR EMPLOYMENT

## Hozhoni Foundation, Inc.

2133 N. Walgreen St., Flagstaff, AZ 86004  
Phone: (928) 526-7944 - Fax: (928) 526-5909

1060 Sandretto, Prescott, AZ 86305  
Phone: (928) 445-6996 - Fax: (928) 445-6985

www.hozhoni.com - jobs@hozhoni.com

Answer each question fully and accurately even if you submit a resume. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. Except for signature on back of application, PLEASE TYPE OR PRINT LEGIBLY. In reading and answering the following questions, be aware that none of the questions is intended to imply illegal preferences or discrimination based upon job-related information.

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle) SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available? \_\_\_\_\_

Rate of Pay Desired:\$ \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

*(Proof of eligibility will be required upon offer of employment.)*

Are you available to work:  Full-Time  Part-Time  Emergency Relief

Have you ever been employed by this company before?  Yes  No

*If "yes", please indicate dates of employment and position(s) held.*

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever applied here before?  Yes  No

If yes, when? \_\_\_\_\_

If hired, do you expect to be engaged in any additional business or employment outside of the agency's job?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been *convicted* of any crime?  Yes  No

*(A conviction will not be an absolute bar to employment.)*

If "yes", when, where and what is the disposition of the case? \_\_\_\_\_

List any relatives or people you know currently employed or receiving support from the Agency:

Educational Information					
Name and Location (City/State) of last high school:					
Indicate last grade completed in high school: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED					
Name and Location (City/State) of College/ University/Other Schools	Dates Attended		Number of Credit Hours Completed	Type of Degree Earned (If Acquired)	Curriculum  Major
	From: mm/yy	To: mm/yy			
List any courses or workshops you have attended that relate to the job for which you are applying:					

**EMPLOYMENT HISTORY SECTION**

List 10 years of employers in consecutive order beginning with present or last employer. Please explain gaps in periods of employment. If self-employed, give firm name and supply business references.

**NOTE:** A job offer may be contingent upon acceptable references from current and former employers. If you need additional space, attach extra copies of this page.

Employer _____ Phone _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Pay _____
Job Title _____	Supervisor's Name _____
Duties _____	_____
Reason for Leaving _____	_____
Employer _____ Phone _____	From ___/___/___
Address _____	To ___/___/___
City _____ State _____ Zip _____	Pay _____
Job Title _____	Supervisor's Name _____
Duties _____	_____
Reason for Leaving _____	_____

Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____

Have you ever been suspended, fired, or asked to resign?  Yes  No

If yes, please explain:

If applying for a driving position, please answer the following questions:

Have you ever been convicted of or pled guilty/no contest to a driving offense as an adult, including DUI and reckless driving offenses (excluding minor traffic violations)?  Yes  No

If yes, please explain: \_\_\_\_\_

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Have you had any accidents or received any moving violations during the past three years?  Yes  No

If yes, explain each incident in detail giving dates, locations, and

circumstances: \_\_\_\_\_

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REFERENCES		
List 5 persons other than relatives or supervisors who can attest to your character and ability regarding the position for which you are applying.		
Name	Title/Occupation	Years Known
How do you know this reference?		Phone Number
Name	Title/Occupation	Years Known
How do you know this reference?		Phone Number
Name	Title/Occupation	Years Known
How do you know this reference?		Phone Number
Name	Title/Occupation	Years Known
How do you know this reference?		Phone Number
Name	Title/Occupation	Years Known
How do you know this reference?		Phone Number

Direct Support positions require lifting, bending, stooping, and twisting on a regular basis. Can you satisfy these requirements with or without a reasonable accommodation? Yes  No

Direct Support positions may require overnight and/or weekend work. Are you able to work at the following times?

Weekends Yes  No   
Weekdays Yes  No   
Overnight Yes  No

How did you hear about the Hozhoni Foundation?

- Arizona Daily Sun     Prescott Area Newspaper     Hozhoni website  
 College Job Board     DES/Workforce     Other Website  
 Referral     Other

If Other Website, College Job Board, Referral, or Other, please list:

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Use the space below to list professional trade, business, or civic organizations along with any specialized training, skills or any additional information you feel may be helpful to us in considering your application.


**For HR use only**

Reviewed by: \_\_\_\_\_ Interview Date (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interview time (if applicable) \_\_\_\_:\_\_\_\_



## **Affidavit, Consent, and Release**

**PLEASE READ CAREFULLY**

**I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any falsifications, misrepresentations or omissions will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.**

**I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

**I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Agency that such employment with the Agency is at will, for no specified duration, and may be terminated by either the Agency or me at any time, with or without cause or notice. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the agency's CEO or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of the Agency or its representatives used during the employment process is deemed a contract of employment real or implied.**

**I understand that if offered a position with the Agency, I may be required to submit to a pre-employment, post-offer medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.**

**I hereby authorize the Agency and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.**

**I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Agency and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.**

**This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

***I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.***

\_\_\_\_\_  
Please Print Name

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Drug-Free Workplace**

**It is the policy of the Hozhoni Foundation to maintain a drug-free workplace. The use of controlled substances is inconsistent with the behavior expected of employees and subjects all employees, customers and visitors to our facilities to unacceptable safety risks, and undermines the Agency's ability to operate effectively and efficiently.**

**In this connection, the unlawful manufacture, distribution, dispensation, possession, sale, or use of a controlled substance (including alcohol) in the workplace or while engaged in Hozhoni business off Hozhoni premises is strictly prohibited. Such conduct is also prohibited during non-working time to the extent that, in the opinion of the Agency, it impairs an employee's ability to perform on the job or threatens the reputation or integrity of the Hozhoni Foundation.**

**All prospective new employees will be tested for the use of alcohol, illegal drugs or other controlled substances as part of the pre-employment process. Positive test results will be considered in employment decisions and may result in a decision that the applicant is not qualified for employment. Prospective employees who refuse to participate in testing will not be hired. The cost of the Pre-Employment Drug Screen may be deducted from employee's earnings, if employment has ended within 180 days from date of hire.**

**Hozhoni reserves the right to require employees to undergo appropriate tests designed to detect the presence of alcohol, illegal drugs, or other controlled substances where it has reason to believe that an employee may be under the influence of any of these substances, or in conjunction with work-related accidents or injuries. Refusal to consent to such a test may result in disciplinary action up to and including termination.**

**Employees convicted of controlled-substance related violations, including pleas of nolo contendere (no contest), must inform Hozhoni as early as practicable on the first business day of such conviction or plea. Employees who violate any aspect of this policy may be subject to disciplinary action up to and including termination.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print clearly

**Signature:** \_\_\_\_\_





**I UNDERSTAND AND ACKNOWLEDGE that Hozhoni has requirements that must result in satisfactory outcomes for my continued employment.**

**They are:**

- a) Motor Vehicle Driver's Certificate of Violations – 39-month Motor Vehicle Report (For positions that require driving)**
- b) Request for employment information/verification**
- c) Employment application**
- d) Identification that satisfy immigration requirements**
- e) Central Registry background checks, satisfactory results are to be obtained prior to the completion of the initial training.**
- f) TB screening, Exclusions from the Health and Human Services Database, substance abuse screening and verification of fingerprinting.**

**I UNDERSTAND and agree that my driving record with the Motor Vehicle Division (For positions that require driving) will be investigated by agents or representatives of the Foundation and/or their insurance carrier for the purpose of determining my eligibility for coverage.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print clearly

**Signature:** \_\_\_\_\_

## EQUAL OPPORTUNITY INFORMATION

We are firmly committed to providing equal employment opportunity to all qualified individuals, and consider applications for all positions without regard to race, color, religion, gender, national origin, age, marital or Veteran status, the presence of a non-job-related medical condition or disability, Vietnam Era Veteran, or any other legally protected status.

The Company is required by the Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information you provide will not be used in evaluating your application for employment; it is voluntary and will be kept confidential.

### PLEASE COMPLETE IN FULL:

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX:  MALE  FEMALE

### ETHNIC GROUP:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

**AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino):** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**ASIAN (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**BLACK OR AFRICAN AMERICAN (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

**HISPANIC OR LATINO:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**TWO OR MORE RACES (not Hispanic or Latino):** A person who identifies with more than one of the above races.

**VETERAN STATUS:**  Vietnam Era Veteran  Disabled Veteran

If you are a person with a disability, a list of essential job functions for the position you are applying for is available from our Human Resources Representative. Please review them and answer the following questions:

Are you able to perform these tasks  with  without an accommodation(s)?

If an accommodation is needed, how would you perform the tasks and with what accommodation(s)?

\_\_\_\_\_