

INSTRUCTIONS FOR SUBMITTING A NURSE APPLICATION TO THE NAVAJO AREA INDIAN HEALTH SERVICE

1. The application process for nurses begins when you call our office, your application is sent to us from the Indian Health Service (IHS) Headquarters' Recruitment Office, or you are referred by another IHS Area.
2. The completed forms and document we need to process your application in the Navajo Area are listed below:
 - a. EMPLOYMENT APPLICATION: (OF-612/SF 171/RESUME)
If submitting RESUME only, see attached recommended format enclosed.
 - b. OF-306, DECLARATION FOR FEDERAL EMPLOYMENT
 - c. ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT (CHILD CARE CLEARANCE FORM)
 - d. BIA FORM 4432 -MUST BE SUBMITTED IF CLAIMING INDIAN PREFERENCE
 - e. DD-214, IF CLAIMING VETERANS PREFERENCE
 - f. SF-15 AND LETTER FROM VETERANS ADMINISTRATION DATED WITHIN LAST 12 MONTHS, IF CLAIMING 10 POINT VETERAN PREFERENCE
 - g. COPY OF CURRENT NURSING LICENSE AND CERTIFICATIONS

- h. COPY OF COLLEGE TRANSCRIPTS. NEW GRADS must have their college send OFFICIAL TRANSCRIPTS to the Navajo Area Personnel Office or Recruitment Office.
- i. SF-50, NOTIFICATION OF PERSONNEL ACTION (If current or former federal employee.)
- j. SUPPLEMENTAL QUESTIONNAIRE (KSAs)
- k. GEOGRAPHICAL AVAILABILITY / NURSING SPECIALITY AREA CHECKLIST
- l. REFERENCE CHECK FORM (EMPLOYMENT HISTORY)
- m. MOST CURRENT PERFORMANCE APPRAISAL

PLEASE SEND THESE DOCUMENTS DIRECTLY TO:
BRENDA GABBARD, RN
NAVAJO AREA INDIAN HEALTH SERVICE
P.O. BOX 9020
WINDOW ROCK, AZ 86515-9020

3. Registered Nurses pursuing a Commission in the U.S. Public Health Service apply directly to the Commissioned Corps office in Rockville, MD. Applicants who are already a Commissioned officer need only send a RESUME; include your PHS Serial No. and Rank on the RESUME.
4. Once your application or RESUME is received, it is copied and sent to those facilities in which you have indicated an interest or to all facilities with openings in your specialty area. The original application is sent to the Area Personnel Office in Window Rock, AZ for processing. You may not hear from anyone during the time that your application is being copied and sent to Service Unit Contacts.
5. While your Personnel Office is processing your original application, representatives from the facilities that are considering you for employment, will call you. If you are interested in a particular hospital or health center, you may also call the hospital or health center Nurse Recruiter, Director of Nursing (DON), or Unit Supervisor Clinical Nurse (SCN) directly. A list of these people with their telephone numbers is enclosed. You may also continue to maintain contact with Brenda or Loretta at the Navajo Area Indian Health Service Area office in Window Rock, AZ until you are hired by a facility.

6. When it is determined that you qualified for a position, your name will be placed on a list with other qualified applicants. This list is sent to the hiring official (usually the facility DON) and a selection is made. If there are no positions open in which you are interested or none in your specialty, your application will be placed in our applicant inventory and you will be considered when a position does become available. The average time to bring a nurse that has never worked for IHS on board is 3 months.
7. Your application will remain active for 6 months, during which time you will be considered for all the positions for which you are qualified. Sometimes you are not selected for positions that are open at the time you apply, but may be selected up to 6 months later. If you are not hired by the end of 6 months, you may contact Area Personnel at (928) 871-1368, to let them know you are still interested and/or to update applicant information send copy of renewed RN license, change availability, change of address, phone number, employment location, etc.).
8. The health facility DONs and SCNs can tentatively match you for a job, but the selection depends on your eligibility and certain Federal regulations. An Official offer of the job will be made to you by a member of the Personnel Staff via a telephone call or registered letter. If you accept the position offered, you will receive information regarding travel and moving arrangements very shortly after accepting a position. **DO NOT MAKE ANY BINDING TRAVEL ARRANGEMENTS ON YOUR OWN UNLESS DIRECTED TO DO SO BY A NAVAJO AREA IHS TRANSPORTATION OFFICER.**
9. It is important for you to remember that by law, Native Americans and Veterans have preference in hiring. Your match for a job is tentative until it is determined that you are eligible. Remember also that your qualification for a job is based on a national standardized scoring system that everyone is rated on using the same criteria.

Thank You for your interest in the Navajo Area. We look forward to receiving your application. If you have any questions, please call Brenda or Loretta at (928) 871-5842 or 1-800-562-1388. Our e-mail address is :
brenda.gabbard.@navajo.ihs.gov

Brenda Gabbard, MPH, RN
Director, Division of Nursing
Navajo Area Indian Health Service

Geographic Availability

Place an X next to those locations for which you wish to be considered for. These are the Hospitals / Health Clinics that are located on the Navajo Reservation

ARIZONA

- Chinle
- Ft. Defiance
- Kayenta
- Tuba City
- Winslow

NEW MEXICO

- Crownpoint
- Gallup
- Shiprock



Place an X next to those specialty areas listed below which you are qualified and wish to be considered for. An application must have at least ONE YEAR OF PROFESSION nursing experience to qualify in the specialty areas*. Your application/resume will be carefully reviewed to determine whether you possess the required knowledge, abilities and skills for specified specialty areas.

- | | |
|---|--|
| <input type="checkbox"/> Neonatal* | <input type="checkbox"/> Discharge Planning |
| <input type="checkbox"/> Emergency Room* | <input type="checkbox"/> Intensive Care* |
| <input type="checkbox"/> Operating/Recovery Rm.* | <input type="checkbox"/> Medical Surgical |
| <input type="checkbox"/> Peds | <input type="checkbox"/> Ambulatory Care |
| <input type="checkbox"/> OB/GYN* | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Surgical Care Unit | <input type="checkbox"/> Nurse Practitioner (Master) |
| <input type="checkbox"/> Nurse Midwife (Master) | <input type="checkbox"/> Nurse Educators |
| <input type="checkbox"/> Community Health Nurse (BSN) | <input type="checkbox"/> Nurse Anesthetists (Master) |

NOTE: NATIVE AMERICAN INDIAN PREFERENCE CANDIDATES ARE GIVEN FIRST PRIORITY IN FILLING NURSE POSITION.

SIGNATURE: _____

DATE: _____

NAVAJO
APPLICATION

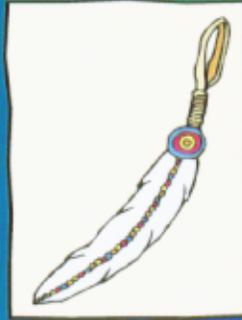


AREA
CHECKLIST

'Thank you' for your interest in the nursing job opportunities in the Navajo Area. To facilitate the process of your application, make sure all sections of the application forms are COMPLETED and SIGNED before you send them to us.

CIRCLE ONE: LPN NEW Grad (w/o License) ASSOCIATE BACHELOR MASTER DIPLOMA

Y	N	REQUIRED DOCUMENTATION
		EMPLOYMENT APPLICATION: <input type="checkbox"/> OF-612 <input type="checkbox"/> SF-171 <input type="checkbox"/> RESUME (If submitting resume only, see attached recommended format.)
		OF-306, DECLARATION FOR FEDERAL EMPLOYMENT
		ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT (Child Care Clearance Form)
		BIA FORM 4432-MUST BE SUBMITTED IF THE APPLICANT IS CLAIMING INDIAN PREFERENCE
		DD-214, IF CLAIMING VETERAN PREFERENCE
		SF-15 AND LETTER FROM VETERANS ADMINISTRATION DATED WITHIN LAST 12 MONTHS, IF CLAIMING 10 POINTS
		COPY OF CURRENT NURSING LICENSE AND CERTIFICATIONS
		(NEW GRADS-OFFICIAL TRANSCRIPTS SENT BY THE COLLEGE) COPY OF COLLEGE TRANSCRIPT: <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER
Y	N	OPTIONAL FORMS
		SF-50, NOTIFICATION OF PERSONNEL ACTION (if current or former federal employee)
		SUPPLEMENTAL QUESTIONNAIRE (KSAs)
		GEOGRAPHIC AVAILABILITY / NURSING SPECIALITY AREA CHECKLIST
		REFERENCE CHECK FORM (Employment History)
		MOST CURRENT PERFORMANCE APPRAISAL



RESUME

If you submit a resume: It is to your advantage to use the following format. Using this format will give you proper credit for experience and allow us to do reference checks.

EMPHASIS PLACED ON DATES EMPLOYED AND AVERAGE NUMBER OF HOURS WORKED PER WEEK.

1. Name and address of employer's organization (include zip code).
2. Dates employed (give month, day, and year)

From: _____ TO: _____

3. Average number of hours per week worked.
4. Salary or earnings (per annum or hourly).
5. Exact Title of Job.
6. Name of Immediate Supervisor.
7. Telephone number of Supervisor (include area code).
8. Number of Employees Supervised (if a Supervisor).
9. Your reason for leaving or wanting to leave.
10. Federal Employment, indicate Title, Series, Grade and the date of your last promotion.

Description of work: Describe your specific duties, responsibilities and accomplishments IN DETAIL. If you describe more than one type of work, write the approximate percentage of time doing each.