



Department of Health & Human Services

Public Health Service

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

APPLICATION CHECKLIST

Dear Applicant:

Please submit all items 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 REQUIRED documents:

- OF-306** Declaration for Federal Employment.
- Child Care & Indian Child Care Worker Positions form.
- BIA-4432 Indian Preference Certificate**
Required from all 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 applicable)

Present Civil Service (CS) employees, reinstatement eligible past employees and VA (Title38) submit:

- 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**

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
Navajo Area Nurse Consultant