

APPLICATION# \_\_\_\_\_

**THE NAVAJO NATION  
NAHODISHGISH CHAPTER  
Application for Employment**

DATE: \_\_\_\_\_

Last Name	First	MI	Social Security	Census Number

**OTHER NAMES IF USED:**

ADDRESS	CITY	STATE	ZIP CODE

DATE OF BIRTH: (MONTH/DAY/YEAR)	GENDER	MARITAL STATUS:	SINGLE <input type="radio"/>	MARRIED <input type="radio"/>
	MALE / FEMALE	OTHER:	(For Tax Purpose, Please Complete)	

TELEPHONE NUMBER: HOME:	WORK:	MESSAGE:
-------------------------	-------	----------

NAVAJO: YES <input type="radio"/> NO <input type="radio"/>	ARE YOU A REGISTERED VOTER WITH NAHODISHGISH CHAPTER?
OTHER:	YES <input type="radio"/> NO <input type="radio"/> MUST BE REGISTERED WITH NAHODISHGISH 6+ MONTHS

ARE YOU RELATED TO ANYONE EMPLOYED AT NAHODISHGISH CHAPTER? YES  NO

If Yes, Name and Title

**POSITION APPLYING**

Please Check Position Applying For, Only One May Be Checked Off

PEP:  LABOR:  COOK:  MAINTENANCE/CUSTODIAN:  YOUTH:

SALARY DESIRED:	ARE YOU EMPLOYED? YES <input type="radio"/> NO <input type="radio"/>	MAY WE CONTACT YOUR EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> PHONE:
-----------------	-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Have you ever worked for Nahodishgish Chapter? YES  NO  If yes, When?

**EDUCATION**

SCHOOL NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	MAJOR COURSE OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
BUSINESS/TRADE			

**OTHER TRAINING OR JOB SKILLS THAT RELATE TO THE POSITION APPLYING FOR?**

WHAT IS YOUR PRIMARY LANGUAGE: ENGLISH: <input type="radio"/> NAVAJO: <input type="radio"/> READ:      WRITE:	TYPING SPEED WPM	SHORTHAND SPEED WPM
------------------------------------------------------------------------------------------------------------------	---------------------	------------------------

ARE YOU A VETERAN?: YES  NO   
PROVIDE DD214

WORK EXPERIENCE			
DATE OF EMPLOYMENT	NAME & ADDRESS	POSITION TITLE	WORK DUTIES
RATE OF PAY:		REASON FOR LEAVING:	
WORK EXPERIENCE			
DATE OF EMPLOYMENT	NAME & ADDRESS	POSITION TITLE	WORK DUTIES
RATE OF PAY:		REASON FOR LEAVING:	
WORK EXPERIENCE			
DATE OF EMPLOYMENT	NAME & ADDRESS	POSITION TITLE	WORK DUTIES
RATE OF PAY:		REASON FOR LEAVING:	
REFERENCES (DO NOT LEAVE BLANK)			
NAME	ADDRESS	BUSINESS	YEARS KNOWN
OTHER INFORMATION			
LIST ANY HEALTH PROBLEMS:			
EMERGENCY CONTACT NAME		TELEPHONE NUMBER:	
RELATIONSHIP:			

**APPLICANT CERTIFICATION:** I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete and made in good faith. I UNDERSTAND that false information on or attached to this application may be grounds for not hiring or may be investigated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date