

Documents Needed:

CIB & Social Security Card

ID or Drivers License

THE SAN JUAN CHAPTER APPLICATION FOR EMPLOYMENT

MUST BE A SAN JUAN CHAPTER VOTER

PERSONAL INFORMATION

DATE

NAME <small>FIRST MIDDLE LAST</small>			SOCIAL SECURITY NO.	
OTHER NAMES USED IF APPLICABLE			CENSUS NO.	
MAILING ADDRESS			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PHONE	DATE OF BIRTH	DRIVER'S LICENSE	STATE	EXP. DATE
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO PLEASE GIVE NATIONALITY		
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPT.				

EMPLOYMENT DESIRED

REQUISITION NO.: _____

CLOSING DATE: _____

POSITION	POSITION NO.	CLASS CODE	DATE AVAILABLE FOR WORK
SALARY DESIRED	ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THE TRIBE BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?

EDUCATION

SCHOOL NAMES AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			DEGREE(S)
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			TYPE OF TRAINING
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?	READ?	WRITE?	TYPING SPEED W.P.M.	SHORTHAND SPEED W.P.
MILITARY SERVICE: BRANCH	ENTRANCE DATE:	DISCHARGE DATE:	DRAFT CLASSIFICATION	

THE SAN JUAN CHAPTER GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.

PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

MEDICAL HISTORY

LIST ANY
PHYSICAL DEFECTS

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

*** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU! **

FORMER EMPLOYERS

LAST ONE FIRST

1. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
2. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
3. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
4. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
5. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
6. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	

I HEREBY AUTHORIZE THE SAN JUAN CHAPTER TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.

All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by San Juan Chapter in connection with this Application for

DATE

SIGNATURE