SAN JUAN CHAPTER

Application Checklist:

Public Employment Program

1.	Completed Application:
2.	Driver's License:
3.	Social Security Card:
Į.	CIB:
Ĵ.	Navajo Nation Voter Registration:

**Incomplete Applications will NOT be accepted

San Juan Chapter

Summer Youth/College Employment Application Requirements

- The student must be enrolled in school
- Youth or College Employment Application
- Student must submit an Identification Card or Drivers License
- Student must a copy of Social Security Card
- Student must submit a copy of Certificate of Indian Blood (CIB)
- Parents/Guardian Must be a registered Voter with San Juan Chapter if in High School. A verification of Guardianship papers will need to be attached to application.
- Proof of Navajo Nation Voter Registration must be attached to application for College Students.
- Student must submit a recent Report Card/ Class Schedule
- College Student must submit a letter of Admission
- Only one student per household



San Juan Chapter

Employment Application: (SYEP) Summer Youth Employment Program

		Applicant	informa	ition						
Full Name:					Date					
	Last		First		M.I.					
Mailing Address:	-	Mailing/Street Address				Apartment/Unit #				
				Apartment/Onit #						
		City			State	ZIP Code				
Phone:		Em	nail:							
Census #: Are you a registered voter with San Juan Chapter?										
Date Available:	-	Social Security #:			Date of Birth	າ:				
Have you ever we	orked for San Juan	YES NO	lfivòo	whon?						
-										
		Educ								
			YES	NO						
From:	To:	Did you graduate?			Diploma:					
College/ Universit	ty:		Ad	dress:						
		Did you graduate?	YES	NO -						
Other:		Address:	YES	NO						
From:	To:	Did you graduate?			Degree:					
		Refer	ences							
Please list three	e references who	are not related to you:								
Full Name:					Relationship:					
Company:					Phone:					
Address:										
Full Name:					Relationship:					
Company:	ALIEN, AND				Phone:					
Address:										

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Full Name:				Relationship:		
				Phone:		
Address:						
	Previous	Employme	mî			
Company:				Phone:		
Address:				_ Supervisor: _		
Job Title:				_		<u>-</u> .
	To:					
	ur previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Job Title:						
	To:					
•	ur previous supervisor for a reference?	YES	NO			
Company:		: .		Phone:		
Address:						
Job Title:				_		, .
Responsibilities:						
From:	To:	Reason for	Leaving:			
May we contact	your previous supervisor for a reference?	YES	NO			
	Milita	ry Service				
Branch:			From:		To:	
	Disclaimer	and Signa	ture			
-	nnswers are true and complete to the b	-	_			
	n leads to employment, I understand th sult in my release.	nat false or n	nisleading	information ir	my applicati	on or
Signature:		_		Date:		

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Revised: 06-30-20