



Gadii'ahi/To'koi Chapter
EMPLOYMENT APPLICATION
REQUIRED DOCUMENTS



Check-off Sheet Listing

- _____ Employment Application
- _____ Resume
- _____ Letter of Interest
- _____ Driver's License/Identification Card
- _____ Navajo Nation Voter's Registration Card – Gadii'ahi/To'koi Chapter
- _____ Social Security Card **(submit upon hire only)**
- _____ CIB – Certificate of Indian Blood **(submit upon hire only)**

For Chapter Use ONLY

Application Received:

make sure to sign when receiving

Application Complete? Yes No

Approved for Interview? Yes No

Community Services Coordinator

Chapter Officials

Harry Descheene, President
 Arnold Nelson, Vice-President
 Sylvia Tvler, Secretary/Treasurer

Council Delegate

Amber Crotty

Grazing Rep

Douglas Diswood

Farm Board Rep

Gilbert Harrison

Chapter Admin.

Lynda Hayes, CSC
 Janice Biggs, AMS

Health Rep

Maggie Johnson



THE NAVAJO NATION

Employment Application

PLEASE PRINT ALL INFORMATION

For DPM Use Only

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER		FIRST NAME	MIDDLE INITIAL	LAST NAME	
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER	TYPE	<input type="checkbox"/> CDL	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
		<input type="checkbox"/> OPERATOR			
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS			
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?		IF YES, INDICATE CENSUS NUMBER		IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A VETERAN?		DO YOU WISH TO CLAIM VETERANS' PREFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
If not previously submitted, please provide a copy of DD Form 214/215		If Yes, please attach an Application for Veterans' Employment Preference			
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
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EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.
Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO IF YES, GIVE DATE AND REASON.
ATTACH ADDITIONAL SHEET IF NECESSARY

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO
IF YES, GIVE DATE AND REASON

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * YES NO IF YES, GIVE BRIEF DESCRIPTION
PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? YES NO

NAME/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

RELATIONSHIP:

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE NAVAJO NATION. MY SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE NAVAJO NATION TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____ DATE _____