



CHILCHINBETO CHAPTER

Youth Employment / Enrichment Project Application

PLEASE PRINT ALL INFORMATION

For CCH Office 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		
CHAPTER AFFILIATION		CENSUS NUMBER		IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)	

POSITION INFORMATION

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				

WILL YOU ALLOW US TO INQUIRE OF YOUR SCHOOL OR FORMER EMPLOYER? YES NO

LIST ANY JOB EXPERIENCE , TRAINING, HOBBIES, OR SPECIAL INTERESTS

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.		

Chilchinbeto Chapter gives preference to eligible and qualified applicants in accordance with the Navajo Preference and Employment Act (NPEA), the Veteran's Preference, and Local Preference.

ADDITIONAL EMPLOYMENT INFORMATION

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
LANGUAGES YOU SPEAK FLUENTLY:	
LANGUAGES YOU WRITE FLUENTLY:	
TYPING SPEED:	

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			

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 _____