



FORT DEFIANCE CHAPTER

Employment Application

PLEASE PRINT ALL INFORMATION

For OFFICE Use Only

ALL DOCUMENTS ARE REQUIRED FOR COMPLETION.

- ___ Completed Application/Signed
- ___ Copy of NN Voters Card
- ___ Copy of Valid Driver License
- ___ Copy of Social Security

___ Initial of Chapter Staff

___ Date/Time ___ am/pm

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	D			
TELEPHONE NUMBER		MESSAGE NUMBER		E-MAIL ADDRESS		
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?		IF YES, INDICATE CENSUS NUMBER			DATE OF BIRTH (MM/DD/YYYY)	
<input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU A VETERAN?		If not previously submitted, please attach copy of CIB				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
If not previously submitted, please provide a copy of DD Form 214/215						

POSITION INFORMATION

POSITION APPLYING FOR:

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:

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

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

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

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	
			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
	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 FORT DEFIANCE CHAPTER 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 _____