



THE NAVAJO NATION TOHATCHI COMMUNITY CHAPTER

PO Box 287 Tohatchi, NM 87325 Telephone: (505) 733-2845 Fax: (505) 733-2847

Harry "Sonny" Moore, Jr. W. Mike Halona Jean Crawford Gerald Moore Pernell Halona
 Chapter President Chapter Vice President Chapter Secretary/Treasurer Grazing Official Council Delegate

EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE NAME	LAST NAME
OTHER NAME USED IF APPLICABLE		CENSUS NUMBER	
MAILING ADDRESS	DRIVERS LICENSE NUMER	STATE	EXP. DATE
PHONE NUMBER	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ARE YOU ENROLLED MEMBER OF THE NAVAJO TRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO PLEASE GIVE NATIONALITY	
ARE YOU RELATED TO ANYONE IN OUR EMPLOYMENT, STATE NAME AND DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		TOHATCHI CHAPTER REGISTERED VOTER <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT DESIRED			
POSITION TITLE		DATE AVAILABLE FOR WORK	
ARE YOU NOW EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION			
NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	MAJOR/MINOR
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL			
LIST ADDITIONAL JOB RELATED TRAINING			
MILITARY SERVICE BRANCH	ENTRANCE DATE	DISCHARGED DATE	DRAFT CLASSIFICATION

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

PLEASE PRINT ALL INFORMATION

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND REASON
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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 MISDEAMOR INVOLVING MORAL TURPITUDE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND REASON
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*A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application.

MEDICAL HISTORY

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITY OF THE JOB FOR WHICH YOU ARE APPLYING. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE BRIEF DESCRIPTION
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IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NUMBER
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EMPLOYMENT HISTORY

(Begin with current or most recent position)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES OF EMPLOYMENT	JOB TITLE				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">TO</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">FROM</td> <td></td> </tr> </table>	TO		FROM			
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DESCRIPTION OF WORK

RATE OF PAY	REASON FOR LEAVING
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I HEREBY AUTHORIZE THE TOHATCHI CHAPTER - NAVAJO NATION TO VERIFY THE INFORMATION GIVEN ON THE APPLICATION

ALL PERSON AND ORGANIZATION ARE RELEASED FROM ANY LIABILITY, WHATSOEVER, AS A RESULT OF PROVIDING SUCH INFORMATION AS REQUESTED BY TOHATCHI CHAPTER - NAVAJO NATION IN CONNECTION WITH THIS APPLICATION OF EMPLOYMENT

DATE _____

SIGNATURE _____