

# TOHATCHI CHAPTER

## Student Employment Application

### **Student Check Off List:**

- Student I.D. / State Identification / Driver's License
- Certificate of Indian Blood (C.I.B.)
- Social Security Card
- Voter Registration Card (18 and Over)
- Parent(s) Voter Registration Card (17 and under)
- Current High School Verification Enrollment
- Current College Transcripts (College Students)
- Letter of Admissions (College Students)
- Any Medical Disability Referral or Documentation
- DD-214 Discharge Papers- U.S. Military Veteran

**Notice:** All applications shall be filled out and turned in by the applicant. It is the applicant's sole responsibility to turn in application with supporting documents attached. All Applications are due \_\_\_\_\_ **before 4pm** and will be clocked in by the Chapter Administration. Absolutely, no applications will be taken after 4:00pm; this is to insure all applicants are treated equally.

# Tohatchi Chapter- Student Employment Application

## PERSONAL INFORMATION

Name (Print): \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Census #: \_\_\_\_\_ Gender: Male or Female  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name (Print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## VOTER REGISTRATION INFORMATION

*(18 and Over)*  
Chapter Registered: \_\_\_\_\_ Last Year Voted: \_\_\_\_\_  
*(18 and Under)*  
Parent Name: \_\_\_\_\_ Chapter Registered: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Census #: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Chapter Registered: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Census #: \_\_\_\_\_

## EMPLOYMENT DESIRED

**Position:** Youth Employment (High School) Student Enrichment (High School) College Applicant (College)  
**Have you applied at the Chapter before? Yes or No If Yes, When?** \_\_\_\_\_  
**Are you a U.S. Military Veteran: Yes or No If Yes, are registered with Ft. Defiance Agency? Veteran Office and When:** \_\_\_\_\_  
**Are you Disabled: Yes or No If yes, do require special needs in order to work: Yes or No**  
**If so, please list your needs or accommodations:** \_\_\_\_\_  
**Do you have any blood relatives working at the Tohatchi Chapter: Yes or No?**  
**If yes, who:** \_\_\_\_\_ **(You will not be Penalized or Denied Employment).**

*Please list all experiences, skills and coursework that are relevant for the job/position you are applying for:*

## Tohatchi Chapter- Student Employment Application

### EMPLOYMENT HISTORY (Most Recent First)

Employer:	Address:	Phone:
Position Held:	Supervisor:	Date(s) Employed:
Job Description:	Reason for Leaving:	

Employer:	Address:	Phone:
Position Held:	Supervisor:	Date(s) Employed:
Job Description:	Reason for Leaving:	

### COLLEGE APPLICANT INFORMATION

College Major:	Number of Credits:
Class Classification: Freshman Sophomore Junior Senior Graduate	Graduation Date:

### DISCLAIMER

I, \_\_\_\_\_ (print) certify that my answers are true and complete to the best of my knowledge. By signing this application, I understand that my references could be contacted to verify my school and college institution attendance and past employers.

I understand, if this application leads to my employment; I understand that false or misleading information on my application or interview may result in my application being terminated.

Furthermore, I do understand that the application process is my sole responsibility of completing and turning in upon the deadline indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Student Employment Consent to Release Information

The Tohatchi Chapter of Tohatchi, New Mexico (Navajo Nation) is required by Tribal and Federal Law (*Privacy Act*) that the applicant reads and approves by signature, to grant Tohatchi Chapter to release and inquire confidential academic information to or from the individual listed or institution; In order to receive and approve any financial support from Tohatchi Chapter.

**By signing this portion of this form; you are granting consent the Tohatchi chapter to inquire Academic Information from the School or College Institution you are attending. In most cases, this is to confirm that the applicant is attending the School or the College Institution indicated.**

I, \_\_\_\_\_ (Print) hereby grant consent to Tohatchi Chapter to inquire on my academic information to further verify my position as a student in order to receive financial assistance from Tohatchi Chapter.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this portion of this form; you are granting consent to the following people to have access and acquire on your Employment Application and Documents that you the applicant have submitted to the Tohatchi Chapter. All person(s) listed must show identification upon viewing or release of any information.**

- |                           |                    |                |
|---------------------------|--------------------|----------------|
| 1. Name of Person: _____. | Full Access: _____ | Limited: _____ |
| 2. Name of Person: _____. | Full Access: _____ | Limited: _____ |

**\*Limited Access Granted- Please indicate what information is allowed to be viewed and or given to.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this portion of this form; you are granting Consent for the following individuals to pick up your Employment Check on your behalf. In case you the applicant is unable to pick up their Employment Check. All people listed must show identification upon receiving check.**

**Authorized Person(s):**

1. Name of Person: \_\_\_\_\_.
2. Name of Person: \_\_\_\_\_.
3. Name of Person: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_