



TEESTO CHAPTER

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 <input type="checkbox"/> OPERATOR | CLASS: | STATE | EXPIRATION DATE (MM/DD/YYYY) |
| TELEPHONE NUMBER | | MESSAGE NUMBER | | E-MAIL ADDRESS | |
| ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB</small> | | IF NO, STATE NATIONALITY | DATE OF BIRTH (MM/DD/YYYY) |
| ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not previously submitted, please provide a copy of DD Form 214/215</small> | | DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach an Application for Veterans' Employment Preference</small> | | | |
| ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

POSITION INFORMATION

| | | |
|--------------------|-----------------|----------------|
| REQUISITION NUMBER | POSITION NUMBER | POSITION TITLE |
|--------------------|-----------------|----------------|

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 | | | | |
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LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

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LIST JOB RELATED SKILLS:

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

| 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 | | | |
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| 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 | | | |
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| 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 | | | |
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| 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 | | | |
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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 _____