



RAMAH NAVAJO SCHOOL BOARD, INC.
HUMAN RESOURCE
P.O. Box 10
Pine Hill, New Mexico 87357
Phone: (505) 775-3256
Fax: (505) 775-3799

EMPLOYMENT APPLICATION

NOTICE TO APPLICANT: Please submit the following documents with your application (where applicable).

- | | | |
|---|--|--|
| <input type="checkbox"/> Diploma or GED | <input type="checkbox"/> Veterans Preference (DD214) | <input type="checkbox"/> Tribal Document (CIB, Census, etc.) |
| <input type="checkbox"/> College Transcripts | <input type="checkbox"/> Degree or Certificates | <input type="checkbox"/> Reference Letters |
| <input type="checkbox"/> State Driver's License | <input type="checkbox"/> Professional Licensure | <input type="checkbox"/> Resume (Optional) |

- "See Resume" responses on the application are not acceptable.
- Application must be filled out completely otherwise will be returned and not considered.
- Any false or misleading response will result in disqualification.
- Applications and accompanying documents will not be duplicated or returned and will remain the property of RNSB.
 (Applicants are encouraged to make and keep copies, if preferred for their own records)
- An application must be completed for each position applied for RNSB will not transfer an application to another vacant position.

Name of Position applying for						
1. Full Name					2. Date of Birth	
Last Name	First Name	Middle Name	Jr., II., etc.	Month	Day	Year
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Social Security Number		
Name						
5. Place of Birth			6. Telephone No.			
City	State	Country				
7. If Claiming Indian Preference			8. Driver's License			
Name of Tribe :	Do you Speak Navajo:	Number	State Issued	Expiration Date:		
Census No.	Do you Write Navajo:					
9. If Claiming Veteran Preference						
Branch:	Dates Served:	Position:				
10. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code	
1)	To Present					
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code	
2)	To					
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code	
3)	To					
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code	
4)	To					
Month/Year	Month/Year	Street Address & Mailing Address	City	State	Zip Code	
5)	To					
12. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in the last 5 years.						

13. Education/Licensure/Certification – List the schools you have attended, beginning with the most recent and working back 5 years.

Name and Location of School	Dated Attended (MM/YY)	GED/Diploma/Degree Received	Major/Minor	
High School:				
College/University:				
College/University:				
Technical/Vocational/Business School:				
Certificate / License	License/Certification Number:	Level:	Expiration Date	State Issued
Certificate / License	License/Certification Number:	Level:	Expiration Date	State Issued

14. Employment – List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and “unemployed” or “attending school.”

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
		PRESENT	
	Immediate Supervisor :		
Telephone Number :	Telephone Number:		
Reason you left :	Other Employer Reference :		
Description of job duties:			

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number :	Telephone Number:		
Reason you left:	Other Employer Reference :		
Description of job duties			

Employer Name and Mailing Address	Dates of Employment (MM/DD/YYYY)		Position Title
	From	To	
	Immediate Supervisor:		
Telephone Number :	Telephone Number:		
Reason you left:	Other Employer Reference :		
Description of job duties			

Employer Name and Mailing Address		Dates of Employment (MM/DD/YYYY)		Position Title
		From	To	
		Immediate Supervisor:		
Telephone Number :		Telephone Number:		
Reason you left:		Other Employer Reference:		
Description of job duties				

Employer Name and Mailing Address		Dates of Employment (MM/DD/YYYY)		Position Title
		From	To	
		Immediate Supervisor:		
Telephone Number :		Telephone Number:		
Reason you left:		Other Employer Reference:		
Description of job duties				

15. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for the least 5 years.

Do NOT list relatives or anyone who is listed elsewhere else on this application.

Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code
Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code
Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code

16. Professional References – List 3 people **NOT** related to you, definite knowledge of your qualifications and fitness for which you are applying. **Do not repeat supervisors listed in EMPLOYMENT.**

Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code
Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code
Name		Dates Known		Telephone Number	
		Month/Year	Month/Year		
Home or Work Address		City		State	Zip Code

