



THE NAVAJO NATION
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

NAME, SOCIAL SECURITY NO., OTHER NAMES, MAILING ADDRESS, PHONE, DATE OF BIRTH, DRIVER'S LICENSE, STATE, EXP. DATE, NAVAJO: YES NO, IF NO PLEASE GIVE NATIONALITY, IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPT.

EMPLOYMENT DESIRED

REQUISITION NO., CLOSING DATE, POSITION, POSITION NO., CLASS CODE, DATE AVAILABLE FOR WORK, SALARY DESIRED, ARE YOU NOW EMPLOYED?, IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?, HAVE YOU EVER APPLIED TO THE TRIBE BEFORE?, WHERE?, WHEN?

EDUCATION

Table with columns: SCHOOL NAMES AND LOCATION, YEARS ATTENDED, DATE GRADUATED, SUBJECTS STUDIED, DEGREE(S), TYPE OF TRAINING. Rows include High School, College or University, Trade, Business or Correspondence, and Other Training or Job Experience.

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?, READ?, WRITE?, TYPING SPEED W.P.M., SHORTHAND SPEED W.P.M., MILITARY SERVICE: BRANCH, ENTRANCE DATE, DISCHARGE DATE, DRAFT CLASSIFICATION

THE NAVAJO NATION GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT. PLEASE PRINT ALL INFORMATION

## REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

## MEDICAL HISTORY

LIST ANY  
PHYSICAL DEFECTS

NAME

ADDRESS

PHONE NO.

IN CASE OF  
EMERGENCY NOTIFY

\*\*\* SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU, DPM \*\*\*

## FORMER EMPLOYERS

LAST ONE FIRST

1. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
2. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
3. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
4. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
5. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
6. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	

**I HEREBY AUTHORIZE THE NAVAJO NATION TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.**

**All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by the Navajo Nation in connection with this Application for Employment.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE