

PINEDALE CHAPTER

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PUBLIC EMPLOYMENT PROGRAM
(Required documents for employment)

_____ Completed Employment Application (signed & dated)

- **Incomplete application will not be considered**

_____ Copy of Certificate of Indian Blood, *if not on file*

_____ Copy on Community Profile – Verified by: _____

_____ Copy of Social Security Card, *if not on file*

_____ Copy on Community Profile – Verified by: _____

_____ Copy of State issued ID or Driver’s License, *if not on file*

_____ Copy on Community Profile – Verified by: _____

_____ Pinedale Chapter voter, *must be a registered voter*

Verified by: _____

_____ Contact information:

Cell Phone: _____

Message: _____

E-mail: _____

Other submitted documents: _____

Pinedale Chapter Use only:

PACKET COMPLETED: YES OR NO DATE COMPLETED: _____

INTERVIEW DATE/TIME: _____

Contactec Date/time/whom: _____

RECOMMENDATION: _____

Document scanned into system:

Date: _____ by whom: _____

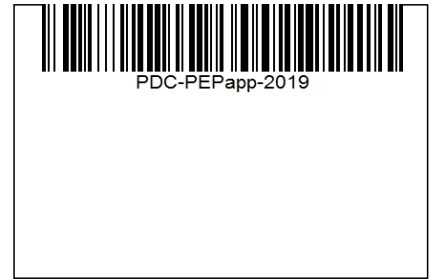
File location: _____



PINEDALE CHAPTER

Employment Application

PLEASE PRINT ALL INFORMATION



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 A REGISTERED VOTER OF PINEDALE CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE CENSUS NUMBER		DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>If not previously submitted, please provide a copy of DD Form 214/215</small>			
HAVE YOU EVERY APPLIED TO THE CHAPTER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHEN?			

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DO MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

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

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.
Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO IF YES, GIVE DATE AND REASON.
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 MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO
IF YES, GIVE DATE AND REASON

*** A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application**

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * YES NO IF YES, GIVE BRIEF DESCRIPTION
PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

*** An incomplete answer will result in an incomplete application**

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE PINEDALE CHAPTER? YES NO

NAME/ TITLE:

RELATIONSHIP:

NAME/ TITLE:

RELATIONSHIP:

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

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

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

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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	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

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			

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			

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 PINEDALE CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE PINEDALE CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE PINEDALE CHAPTER 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 _____