



# PINEDALE CHAPTER

## Employment Application

PLEASE PRINT ALL INFORMATION

For PDC 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 (REQUIRED)</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 <b>attach</b> an Application for Veterans' Employment Preference</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
Class Code	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/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

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 <input style="width: 40px;" type="text"/> TO <input style="width: 40px;" type="text"/>	
	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 <input style="width: 40px;" type="text"/> TO <input style="width: 40px;" type="text"/>	
	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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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 \_\_\_\_\_