



TSELANI/COTTONWOOD CHAPTER Employment Application

Application Check-list:

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|--|--|---|
| ____ Copy of Social Security Card | ____ Copy of Driver's License or State ID Card | ____ Copy of School Report Card (<i>Youth Only</i>) |
| ____ Copy of Certificate of Indian Blood | ____ Voter's Registration with TCC (18+) | ____ Copies of Certificates/Diplomas (if available) |

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST, MIDDLE, LAST NAME			
DATE OF BIRTH	MAILING ADDRESS	CITY	STATE	ZIP CODE
	P.O. BOX			
DRIVERS LICENSE / ID NUMBER	STATE	EXP. DATE	PHONE / MESSAGE NO.	
ARE YOU AN ENROLLED MEMBER OF THE CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF UNDER 18, YOUR PARENTS?				CENSUS NUMBER
Mother: _____		Father: _____		
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU WISH TO CLAIM VETERANS' EMPLOYMENT PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
To verify veteran status, please provide a copy of DD Form 214/215		If Yes, please complete an Application for Veterans' Employment Preference		
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?		READ	WRITE	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION INFORMATION

CLOSING DATE	POSITION TITLE
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EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		MAJOR/MINOR	CIRCLE LAST YEAR COMPLETED	DEGREE/DIPLOMA RECEIVED
	FROM	TO			
HIGH SCHOOL				9 10 11 12	
COLLEGE/UNIVERSITY				1 2 3 4	
COLLEGE/UNIVERSITY				1 2 3 4	
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL					

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING AND JOB RELATED TRAINING:

Tselani/Cottonwood Chapter gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Navajo Veteran's Preference

PLEASE PRINT ALL INFORMATION

CHARACTER REFERENCES

(Do not list relatives)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
1.			
2.			

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, GIVE DATE AND REASON.
 ATTACH ADDITIONAL SHEET IF NECESSARY

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

Related to anyone in the Chapter? NAME(S): RELATIONSHIP:

IN CASE OF EMERGENCY-CONTACT NAME: PHONE NO: RELATIONSHIP:

WORK EXPERIENCE

(Begin with current or most recent position)

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		
DESCRIBE DUTIES AND RESPONSIBILITIES		

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		
DESCRIBE DUTIES AND RESPONSIBILITIES		

*****BENEFICIARY*****

Name: Address: Phone Number:

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 TSELANI/COTTONWOOD CHAPTER. MY SIGNATURE BELOW AUTHORIZES TSELANI/COTTONWOOD CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

SIGNATURE _____

DATE _____