

LOW MOUNTAIN CHAPTER APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

NAME FIRST: MI: LAST:			SOCIAL SECURITY NO.:		CENSUS NO.:
OTHER NAMES USED IF APPLICABLE:			EMAIL ADDRESS:		
MAILING ADDRESS:				MALE () FEMALE ()	NO. OF DEPENDENTS:
MARRIED () SINGLE () WIDOWED () DIVORCED () SEPARATED ()		PHONE NO.:	DRIVER'S LICENSE NO.:		
			STATE:	EXP. DATE:	
DATE OF BIRTH:	HEIGHT:	WEIGHT:	COLOR OF HAIR:	COLOR OF EYES:	
NAVAJO: YES () NO () IF NO PLEASE GIVE NATIONALITY:			CHAPTER AFFILIATION:		
IF RELATED TO ANYONE IN OUR DEPARTMENT, STATE NAME AND RELATIONSHIP:					

EMPLOYMENT DESIRED

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? YES () NO ()	
HAVE YOU EVER APPLIED TO THE CHAPTER BEFORE? YES () NO ()		IF YES, WHEN:	

EDUCATION

SCHOOL NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIES
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			DEGREE(S)
TRADE, BUSINESS OR CORRESPONDENCE			TYPE OF TRAINING

OTHER TRAINING OR JOB EXPERIENCE:

WHAT LANGUAGE DO YOU SPEAK FLUENTLY: READ? WRITE?	TYPING SPEED: () W.P.M. SHORTHAND SPEED: () W.P.M.
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MILITARY SERVICE: BRANCH	ENTRANCE DATE: DISCHARGE DATE:	DRAFT CLASSIFICATION
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THE LOW MOUNTAIN CHAPTER GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.

PLEASE PRINT OR TYPE ALL INFORMATION

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUINTED

MEDICAL HISTORY

LIST ANY PHYSICAL DEFECTS			
IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE #

* Section below must be completed entirely, do not indicate "see resume" or "see attachment." Thank You, Low Mountain Chapter*

FORMER EMPLOYERS

LAST ONE FIRST

DATES OF EMPLOYMENT FROM:	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OR WORK
TO:			
Rate of Pay:		Reason for Leaving:	
DATES OF EMPLOYMENT FROM:	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
TO:			
Rate of Pay:		Reason for Leaving:	
DATES OF EMPLOYMENT FROM:	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
TO:			
Rate of Pay:		Reason for Leaving:	
DATES OF EMPLOYMENT FROM:	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
TO:			
Rate of Pay:		Reason for Leaving:	

I hereby authorize the Low Mountain Chapter 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 Low Mountain Chapter in connection with this Application for Employment.

_____ Date

_____ Signature