

Many Farms Chapter SYETP Employment Application

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE
			ZIP CODE
TELEPHONE NUMBER		CELL NUMBER	E-MAIL
DATE OF BIRTH		MALE	FEMALE
PARENT'S NAME		FATHER	MOTHER
ARE YOUR PARENTS REGISTERED VOTERS OF MANY FARMS CHAPTER?		YES	NO

EDUCATION STATUS

NAME OF SCHOOL	DATES ATTENDED	GRADE LEVEL
LIST ADDITIONAL WORK RELATED TRAINING		

REFERENCES: LIST THREE PERSONS WHO ARE NOT RELATED TO YOU THAT KNOWS YOU WELL

NAME	ADDRESS	TELEPHONE NUMBER

LIST ANY PHYSICAL CONDITION WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM WORK

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH MANY FARMS CHAPTER?	YES	NO
NAME	RELATIONSHIP	

EMPLOYMENT HISTORY

EMPLOYER'S NAME & ADDRESS _____

EMPLOYMENT DATES _____

JOB TITLE _____

REASON FOR LEAVING _____

DESCRIBE DUTIES AND RESPONSIBILITIES _____

DOCUMENTS REQUIRED

The required documents must be submitted to be considered for SYETP employment

_____ Completed Employment Application

_____ Copy of Social Security Card

_____ Copy of Certificate of Indian Blood

_____ Updated School Verification

_____ Letter of Interest

_____ Updated Letter of Admission (College Students)

_____ Registered Voter (College Students)

PLEASE READ CAREFULLY AND SIGN BELOW

THE INFORMATION THAT I PROVIDED ON THIS SYETP APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE INFORMATION PROVIDED ON THE APPLICATION WILL JUSTIFY REFUSAL OF EMPLOYMENT.

Applicant Signature

Date