



# Many Farms Chapter Employment Application

PLEASE PRINT ALL INFORMATION

For DPM 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	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
		<input type="checkbox"/> OPERATOR			
TELEPHONE NUMBER	MESSAGE NUMBER		E-MAIL ADDRESS		
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?		IF YES, INDICATE CENSUS NUMBER		IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
<input type="checkbox"/> YES <input type="checkbox"/> NO		<small>If not previously submitted, please attach copy of CIB (REQUIRED)</small>			
ARE YOU A VETERAN?		DO YOU WISH TO CLAIM VETERANS' PREFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<small>If not previously submitted, please provide a copy of DD Form 214/215</small>		<small>If Yes, please <b>attach</b> an Application for Veterans' Employment Preference</small>			
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO			

## POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
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## 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 Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

<b>EMPLOYER'S NAME AND MAILING ADDRESS</b>	<b>DATES EMPLOYED (MM/DD/YYYY)</b>		<b>JOB TITLE</b>
	<b>FROM</b>	<b>TO</b>	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

<b>EMPLOYER'S NAME AND MAILING ADDRESS</b>	<b>DATES EMPLOYED (MM/DD/YYYY)</b>		<b>JOB TITLE</b>
	<b>FROM</b>	<b>TO</b>	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

<b>EMPLOYER'S NAME AND MAILING ADDRESS</b>	<b>DATES EMPLOYED (MM/DD/YYYY)</b>		<b>JOB TITLE</b>
	<b>FROM</b>	<b>TO</b>	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

<b>EMPLOYER'S NAME AND MAILING ADDRESS</b>	<b>DATES EMPLOYED (MM/DD/YYYY)</b>		<b>JOB TITLE</b>
	<b>FROM</b>	<b>TO</b>	
	TELEPHONE NUMBER		REASON FOR LEAVING
DESCRIBE DUTIES AND RESPONSIBILITIES	IMMEDIATE SUPERVISOR:		

**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 NAVAJO NATION. MY SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE NAVAJO NATION 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 \_\_\_\_\_