



DILKON CHAPTER
 HC 63 Box E, Winslow, Arizona 86047
 Ph #: (928) 657-8100 / 8101
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE ➤

NAME			SOCIAL SECURITY NO.	
FIRST	MIDDLE	LAST		
OTHER NAMES USED IF APPLICABLE			CENSUS NO.	
MAILING ADDRESS			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PHONE	DATE OF BIRTH	DRIVER'S LICENSE		STATE EXP. DATE
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO PLEASE GIVE NATIONALITY				
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPT.				

EMPLOYMENT DESIRED

REQUISITION NO.: _____ CLOSING DATE: _____

POSITION	POSITION NO.	CLASS CODE	DATE AVAILABLE FOR WORK
SALARY DESIRED	ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THE TRIBE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?	

EDUCATION

SCHOOL NAMES AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			DEGREE(S)
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			TYPE OF TRAINING
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?	READ?	WRITE?	TYPING SPEED W.P.M.	SHORTHAND SPEED W.P.M.
MILITARY SERVICE: BRANCH	ENTRANCE DATE:	DISCHARGE DATE:	DRAFT CLASSIFICATION	

THE NAVAJO NATION GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.

PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

MEDICAL HISTORY

LIST ANY
PHYSICAL DEFECTS

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

*** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU, DPM ***

FORMER EMPLOYERS

LAST ONE FIRST

1.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	
2.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	
3.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	
4.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	
5.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	
6.	Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
	Rate of Pay \$		Reason for leaving	

I HEREBY AUTHORIZE THE NAVAJO NATION 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 Navajo Nation in connection with this Application for Employment.

DATE

SIGNATURE