

NAVAJO TIMES

NEWSPAPER OF THE NAVAJO PEOPLE

Application for Employment

Personal Information

DATE ➤

NAME			SOCIAL SECURITY NO.		
OTHER NAMES USED IF APPLICABLE	<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	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

CLOSING DATE: _____

POSITION	ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE AVAILABLE FOR WORK
SALARY DESIRED:	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Education

SCHOOL NAMES AND LOCATION	YEARS ATTENDED	DATE GRADUATED	
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	ENTERANCE DATE: DISCHARGE DATE:		DRAFT CLASSIFICATION	

Medical History

LIST ANY PHYSICAL DEFECTS

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

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

PLEASE PRINT ALL INFORMATION

References

NAME:	ADDRESS	PHONE #	YEARS ACQUAINTED
1.			
2.			
3.			

Former Employers

LAST ONE FIRST

ALL INFORMATION IS REQUIRED!

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

I HEREBY AUTHORIZE THE NAVAJO TIMES TO VERIFY 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 Times in connection with this Application for Employment.
An MVR is required once selection has been made.**

DATE

SIGNATURE

OFFICIAL USE ONLY	Hire Date: _____	MVR Results: _____	Department: _____
Interviewer #1: _____	Name	Signature	Date: _____
Interviewer #2: _____	Name	Signature	Date: _____