



ROCK SPRINGS (Tséché'izhi) CHAPTER

P.O. Box 4608 Yahtahey, New Mexico 87375

ROCK SPRINGS CHAPTER PUBLIC EMPLOYMENT APPLICATION CHECKLIST

NAME

POSITION APPLIED FOR

Application Must Contain:

- ☐ Application must be completely filled out
- ☐ Authorization for Release of Information
- ☐ Valid ID/Driver License
- ☐ Certificate of Indian Blood (CIB)
- ☐ Registered Voter Card Rock Springs Chapter

DATE RECEIVED	STAFF INITIALS	CSC DATE REVIEWED	INTERVIEW DATE	APPROVED/DENIED

Sandra L. Help
President

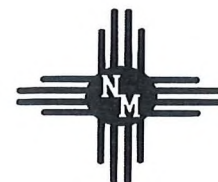
Laura Daniels
Vice-President

Jasper Long
Secretary/Treasurer

Lester C Yazzie
Council Delegate

Vacant
Land Board

** ALL APPLICATION AND DOCUMENTS MUST BE SUBMITTED TO BE CONSIDERED – NO EXCEPTIONS. **



ROCK SPRINGS CHAPTER HOUSE
Public Employment Program
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE THE ROCK SPRINGS CHAPTER TO
VERIFY THE INFORMATION GIVEN IN MY APPLICATION. FURTHER, I HEREBY RELEASE ALL PERSONS
AND ORGANIZATIONS FROM LIABILITY FOR PROVIDING LEGALLY- RELEVANT INFORMATION IN
CONNECTION WITH MY APPLICATION.

SIGNATURE: _____
Applicant

DATE: _____

Parent/Custodial Parent

DATE: _____



Rock Springs Chapter Public Employment Program

For DPM Use Only

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME	
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS		CITY	STATE ZIP CODE
RIVER'S LICENSE NUMBER	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE NUMBER		E-MAIL ADDRESS	
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB (REQUIRED)</small>		IF NO, STATE NATIONALITY
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>not previously submitted, please provide a copy of DD Form 214/215</small>		DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach 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

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for. Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * ☐ IF YES, GIVE DATE AND REASON YES NO

ATTACH ADDITIONAL SHEET IF NECESSARY

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * ☐ YES ☐ NO
IF YES, GIVE DATE AND REASON

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * ☐ IF YES, GIVE BRIEF DESCRIPTION YES NO
PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING

* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? ☐ YES ☐ NO

NAME/ DEPARTMENT.

RELATIONSHIP

NAME/ DEPARTMENT.

RELATIONSHIP

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR		

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR		

DESCRIBE DUTIES AND RESPONSIBILITIES

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

DESCRIBE DUTIES AND RESPONSIBILITIES			

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

DESCRIBE DUTIES AND RESPONSIBILITIES			



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

DESCRIBE DUTIES AND RESPONSIBILITIES			

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 _____

