



BODAWAY / GAP CHAPTER
 P.O. Box 1546 The Gap, Arizona 86020
 Phone: (928) 283-3493 Fax: (928) 283-3496



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Date		Date Available to work:		
Last Name:		First Name:		MI:
Mailing Address:			Apartment/Unit #:	
City:		State:		ZIP:
Phone:		E-mail Address:		
Date of Birth:		Social Security:		Census No.
Drivers License No.: Type: <input type="checkbox"/> Operator <input type="checkbox"/> CDL Class: Expiration Date:				
Are you an enrolled member of the Navajo Tribe?		<input type="checkbox"/> YES <input type="checkbox"/> NO If no, state nationality?		
Have you ever worked for this company?		<input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?		
Are you a Veteran?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Do you wish to claim Veteran's Preference? <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 attach an Application for Veteran's Employment Preference</small>		
Are you currently employed with the Navajo Nation?		<input type="checkbox"/> YES <input type="checkbox"/> NO If so, indicate location?		

POSITION INFORMATION

Position Applying For:	Date Available:

EDUCATION

High School:		Address:		
From:	To:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diploma Date:
College		Address:		
From:	To:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
College		Address:		
From:	To:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Other		Address:		
From:	To:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING OR COPIES OF CERTIFICATES

LIST JOB RELATED SKILLS

EMPLOYMENT HISTORY

Complete information below, with Current or Most Recent. **DO NOT INDICATE "See Resume"**, it will deem application incomplete.

Employer:	Phone:
Address:	Supervisor & Title:
Starting Job Title:	Ending Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Starting Salary:	Ending Salary:
Duties and Responsibilities:	
Reason for Leaving:	

Employer:	Phone:
Address:	Supervisor & Title:
Starting Job Title:	Ending Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Starting Salary:	Ending Salary:
Duties and Responsibilities:	
Reason for Leaving:	

Employer:	Phone:
Address:	Supervisor & Title:
Starting Job Title:	Ending Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Starting Salary:	Ending Salary:
Duties and Responsibilities:	
Reason for Leaving:	

MILITARY SERVICE

Branch	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

PROFESSIONAL REFERENCES

Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		

ADDITIONAL EMPLOYMENT INFORMATION

Have you ever been convicted of a felony? YES NO

If YES, give dates and reason (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 dates and reason (Attach additional sheet if necessary):

List any physical condition(s) which may challenge your ability to perform the responsibilities of the job for which you are applying.

Are you related to anyone currently employed or appointed as an official or committee member of the Bodaway/Gap Chapter? YES NO

Name/Department:	Relationship:
Name/Department:	Relationship:
Name/Department:	Relationship:

PRE-EMPLOYMENT STATEMENT - PLEASE REAS 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 Bodaway/Gap Chapter. My signature below authorizes the Bodaway/Gap Chapter to contact any of my prior employers for reference purposes.

I understand that I may be subject to a background check, and hereby authorize the Bodaway/Gap Chapter to investigate my background and 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 investigation or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

Signature of Applicant

Date