KAYENTA CHAPTER HOUSE

SUMMER YOUTH PROGRAM EMPLOYMENT APPLICATION

PO Box 1088, Kayenta, AZ 86033
Phone: (928)697-5520
Email: kayenta@navajochapters.org

Fiscal Year: _____
(Entered by Admin)

PERSONAL AND FAMILY DATA

Legal Name (Last, First, Middle initial)	Driver's License # OR AZ State issued ID	Social Security #

Are you member of Navajo Nation Tribe?	If yes, provide Census #	If No provide your Nationality
☐ Yes ☐ No		

Email Address	Telephone #

Are you Veteran? Yes No	Do you wish to claim Veterans Preference? Yes No If Yes, attach an application for Veterans Employment Preference

Date of Birth:	Gender:

Mother's Name	Address: (City/State/Zip Code)	Tribe:

Father's Name	Address: (City/State/Zip Code)	Tribe:

Emergency Contact Name	Emergency Contact Phone number

EDUCATIONAL DATA

Name & Location of School (High, College, University)	Dates Attended (MM/YY)		GED/Diploma/Degree Received	Major/Minor
	From	To		

(Cont.)

EMPLOYMENT DATA

Additional Job-Related Training	Date of Training

List of Job-Related Skills	

References: List three persons who are not related to you & who have definite knowledge of your qualifications for position you are applying for

Do not repeat names of supervisors under work history

Name	Email / Mail Address	Telephone #

Additional Employment Information

Have you ever been convicted of a felony? **Yes** **No**

If yes please give Date & Reason **Attach Additional Sheet if Necessary**

Reason:	Date

Have you ever been convicted of Misdemeanor involving Moral Turpitude?
If Yes, give Date & Reason

Reason:	Date

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

Do you have any physical condition(s) that may challenge the ability to the responsibilities of what this program applies to? **Yes** **No**
An incomplete answer will result in a incomplete application

If yes please provide a brief description:

_____

_____

_____

Are you related to anyone currently employed with the Kayenta Chapter House?
Yes **No**

Position:	Relationship:
Position:	Relationship:

Employment History			
Employer's Name & Address	**Dates Employed (MM/DD/YYYY)**		**Job Title**
Name:	**From**	**To**	
_____			
Phone #:	**Supervisor's Name:**		**Reason For Leaving**
_____			
Mailing Address:			
Describe Duties & Responsibilities			

Employment History (Cont.)			
Employer's Name & Address	**Dates Employed (MM/DD/YYYY)**		**Job Title**
Name:	**From**	**To**	
_____			
Phone #:	**Supervisor's Name:**		**Reason For Leaving**
_____			
Mailing Address:			
Describe Duties & Responsibilities			

Employment History (Cont.)			
Employer's Name & Address	**Dates Employed (MM/DD/YYYY)**		**Job Title**
Name:	**From**	**To**	

Phone #: _____ **Mailing Address:**	**Supervisor's Name:**	**Reason For Leaving**
Describe Duties & Responsibilities		

Employment History (Cont.)

Employer's Name & Address	**Dates Employed (MM/DD/YYYY)**		**Job Title**
Name:	**From**	**To**	
_____ **Phone #:** _____ **Mailing Address:**	**Supervisor's Name:**		**Reason For Leaving**
Describe Duties & Responsibilities			

This information that I have provided on this application is true and complete to the best of my knowledge, any misinterpretation 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 my signature below authorizes the Navajo nation to contact any of my prior employers for references purposes

I understand that I may be subject to a background, 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 of bureau of your choice. Authorize the release of this information by the appropriate agencies to the appropriate agencies to the investigating service.

Signature: _____ Date: _____