



**DENNEHOTSO CHAPTER**  
**SYTEP APPLICATION**  
**PERSONAL FOLDER**  
**CHECK- OFF LIST**

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- ☐ **SYTEP Employment Application**
- ☐ **Certificate of Indian Blood (CIB)**
- ☐ **Social Security Card**
- ☐ **Driver's License / Identification Card / School ID Card**
- ☐ **Certificate of Indian Blood (CIB)**
- ☐ **Navajo nation voter's card** (Must be registered with Dennehotso Chapter)  
(If under the age of 18 yrs old, a copy of parent(s)/ guardians voters' card)
- ☐ **2 Letter of Recommendations**
- ☐ **Current Transcript (Grades/Report Card)**
- ☐ **High School Diploma / GED (If applicable)**

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**Reviewed By:**

**Date:**

**Notes:**

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# DENNEHOTSO CHAPTER THE NAVAJO NATION

## Employment Application

PLEASE PRINT ALL INFORMATION

For DPM Use Only

### PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS	CITY	STATE ZIP CODE
DRIVER'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 DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If 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

<b>REFERENCES:</b> 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.		
<b>ADDITIONAL EMPLOYMENT INFORMATION</b>		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? * <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, GIVE DATE 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? * <input type="checkbox"/> YES <input type="checkbox"/> 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 * <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, GIVE BRIEF DESCRIPTION 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME/ DEPARTMENT:	RELATIONSHIP:	
NAME/ DEPARTMENT:	RELATIONSHIP:	
<b>EMPLOYMENT HISTORY</b>		
(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		

