



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

- 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 Dennehots 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)**

Reviewed By:

Date:

Notes: _____

P.O. Box 2301
Dennehots, AZ 86535

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DENNEHOTSO CHAPTER THE NAVAJO NATION Employment Application

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
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? <small>If not previously submitted, please provide a copy of DD Form 214/215</small>		DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <small>If Yes, please attach an Application for Veterans' Employment Preference</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
POSITION INFORMATION					
REQUISITION NUMBER	POSITION NUMBER		POSITION TITLE		
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					
<hr/> <hr/> <hr/>					
LIST JOB RELATED SKILLS:					
<hr/> <hr/> <hr/>					

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.		
1.	NAME	ADDRESS
2.		TELEPHONE NUMBER
3.		
ADDITIONAL EMPLOYMENT INFORMATION		
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		
<small>* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application</small>		
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		
<small>* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application</small>		
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. <small>* An Incomplete answer will result in an Incomplete application</small>		
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:	
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)	
	FROM	TO
	TELEPHONE NUMBER	
	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR:		
<small>DESCRIBE DUTIES AND RESPONSIBILITIES</small>		
EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	
	FROM	TO
	TELEPHONE NUMBER	
	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR:		
<small>DESCRIBE DUTIES AND RESPONSIBILITIES</small>		

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				
<p> </p> <p> </p> <p> </p> <p> </p>				
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				
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EMPLOYER'S NAME AND MAILING ADDRESS		DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
		FROM	TO	
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DESCRIBE DUTIES AND RESPONSIBILITIES				
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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				
<p> </p> <p> </p> <p> </p> <p> </p>				

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