



SHONTO COMMUNITY GOVERNANCE APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME:			CENSUS NUMBER	
First	Middle	Last	SOCIAL SECURITY NUMBER	
OTHER NAMES USED IF APPLICABLE:				
MAILING ADDRESS:			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PHONE No.	DATE OF BIRTH	DRIVER'S LICENSE	STATE	EXP. DATE
MARITAL STATUS	NAVAJO YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, PLEASE GIVE NATIONALITY		
IF RELATED TO ANYONE ON OUR EMPLOY, STATE & DEPT. YES <input type="checkbox"/> NO <input type="checkbox"/> WHERE? _____ WHEN? _____				
CLOSING DATE:			EMPLOYMENT DESIRED	

POSITION:	DATE AVAILABLE FOR WORK:
SALARY DESIRED:	ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THE SCG BEFORE?	

EDUCATION

	SCHOOL NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS, OR UNIVERSITY				
OTHER TRAINING OR JOB EXPERIENCE				
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?			TYPING SPEED	SHORTHAND SPEED
READ? _____ WRITE? _____				
MILITARY SERVICE: Y / N	BRANCH:	ENTRANCE DATE:		
DATE DISCHARGED:			DRAFT CLASSIFICATION:	

The Shonto Community Governance gives preference to eligible and qualified applicants in accordance with the Navajo Preference Employment Act.

PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

MEDICAL HISTORY

LIST ANY PHYSICAL DEFECTS:

IN CASE OF
EMERGENCY NOTIFY:

Name	Address	Phone No.
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EMPLOYMENT HISTORY

Last One First

Dates of Employment	Name and Address of Employer	Position Held	Description of Work
From:			
To:			
Rate of Pay:	Reason for Leaving:		
From:			
To:			
Rate of Pay:	Reason for Leaving:		
From:			
To:			
Rate of Pay:	Reason for Leaving:		
From:			
To:			
Rate of Pay:	Reason for Leaving:		

I HEREBY AUTHORIZE THE SHONTO COMMUNITY GOVERNANCE TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION

All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by
Shonto Community Governance in connection with this Application for Employment.

DATE

SIGNATURE