

PINEDALE CHAPTER

Summer Youth Employment Application

PLEASE PRINT ALL INFORMATION

For PDC Use Only	

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		PERSONA	AL INFORM	IATION	ı			
SOCIAL SECURITY NUMBER		FIRST NAME		MIDDLE INITIAL		LAST NAME		
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS			CITY	STA	TE	ZIP CODE
STATE ID/DRIVER'S LICENSE NUMBER	TYPE		01.400		STATE	EVDID	DATION DATE (MM/	
STATE ID/DRIVER'S LICENSE NUMBER	☐ CDL CLASS: ☐ OPERATOR		STATE EXPIRATION DATE (MM/DD/YYYY			עטע(איינער)		
TELEPHONE NUMBER		MESSAGE NUMBER		E-MAIL ADDRESS				
ARE YOU AN ENROLLED MEMBER OF THE NAVA	JO TRIBE? NO	·	DICATE CENSUS NUM		IF NO, STATE I	NATIONALITY	DATE OF BIRTH	(MM/DD/YYYY)
RE YOU A VETERAN?		DO YOU WISH TO CLAIM VETERANS' PREFEREN			CE?	ı		
f not previously submitted, please provide a copy of DD Form 214/215		If Yes, please attach an Application for Veterans' Empl						
MOTHER NAME:	FATHER	NAME:		*** IF STUDI	ENT IS OVER 18, I	MUST BE REGIS	TERED WITH THE	CHAPTER
		POSITIO	N INFORM	ATION				
EASE SELECT THE TYPE OF POSITION YOU ARE PLYING FOR. PDC ADMINSTRATION WILL MAKE VAL DETERMINATION		SUMMER	STUDENT LABORER SUPERVISOR OFFICE AIDE	₹		POSITION TITLE		
		ED	UCATION					
NAME AND LOCATION OF SCHOOL		DATES ATTENDED (MM/YY) FROM TO		GED/DIPLOMA/DEGREE RECEIVED		MAJOR/MINOR		
MIDDLE SCHOOL			-					
		-						
HIGH SCHOOL								
		_						
COLLEGE/UNIVERSITY								
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL								
LIST JOB RELATED SKILLS:								
DEEEDENCES: List three persons who	are not relets	nd to you and wha	have definite know	wlodgo of	vour qualification	une for the nee	sition voluers are	olving for
NAME	d to you and who have definite knowledge of your qualificatic ADDRESS			TELEPHONE NUMBER				
1.								
2.								
3.								
	The N	laccada Niakian nicesa nan		110	P 4 1			

ADDITIONAL EMPLOYMENT INFORMATION							
HAVE YOU EVER BEEN CONVICTED OF A FELONY? * ATTACH A	☐ YES ☐ NO .DDITIONAL SHEET IF NECESSARY	IF YES, GIVE DATE AND REASON.					
* 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 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 * YES 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 PINEDALE CI	HAPTER?	☐ YES ☐ 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)	JOB TITLE					
	FROM TO						
	TELEPHONE NUMBER	REASON FOR LEAVING					
	IMMEDIATE SUPERVISOR:						
DESCRIBE DUTIES AND RESPONSIBILITIES							
	DATES EMPLOYED						
EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY) FROM TO	JOB TITLE					
	TELEPHONE NUMBER	REASON FOR LEAVING					
	IMMEDIATE CUREDVICOR.						
DESCRIBE DUTIES AND	IMMEDIATE SUPERVISOR:						
RESPONSIBILITIES							
PRE- EMPLOYMENT STATEMENT - PLEASE	READ CAREFULLY AND SIG	ON THE STATEMENT BELOW					
THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRI OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIA INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO	JE AND COMPLETE TO THE BEST OF ALS USED IN THE APPLICATION PRO OR IF EMPLOYED, TERMINATION FR	MY KNOWLEDGE. ANY MISREPRESENTATION OR CESS, OR INFORMATION OFFERED DURING ANY OM EMPLOYMENT WITH THE NAVAJO NATION. MY					
SIGNATURE DATE							

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