



COYOTE CANYON CHAPTER
The Navajo Nation
"Home of Chief Manuelito"



APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name: _____	Social Security No.: _____
Census No.: _____	Phone: _____
Address: _____	City, State: _____
Date of Birth: _____	Driver's License No.: _____
Marital Status: _____	State: Exp. Date: _____
Navajo? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address: _____
If not Navajo, give nationality: _____	
What language do you speak frequently? _____	
Are you a Registered Voter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you serve in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what branch? _____	
Entrance Date: _____	Discharge Date: _____
Draft Classification: _____	

MEDICAL HISTORY

List any physical defects: _____
In case of Emergency, notify: _____

EMPLOYMENT DESIRED

Position Applying For: _____	Salary Desired: _____
Date Available: _____	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

High School: _____ City: _____	Graduation Date: _____ State: _____
College/ University: _____ Subject: _____ Degree: _____	Major: _____ City: _____ State: _____
College/ University: _____ Subject: _____ Degree: _____	Major: _____ City: _____ State: _____

TRAINING/EXPERIENCE

Business/Trade/Vocational: Training Received: _____ City: _____ State: _____ Certificate/License: _____ Other Training/Job Experience: _____
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EMPLOYMENT HISTORY

From: _____ To: _____	Position: _____ Salary: _____
Name of Employer: _____ Address of Employer: _____ Description of Work: _____ Reason for Leaving: _____	
From: _____ To: _____	Position: _____ Salary: _____
Name of Employer: _____ Address of Employer: _____ Description of Work: _____ Reason for Leaving: _____	
From: _____ To: _____	Position: _____ Salary: _____
Name of Employer: _____ Address of Employer: _____ Description of Work: _____ Reason for Leaving: _____	

REFERENCES

1	Name: _____ Address: _____ Business: _____ _____	Department: _____ Phone: _____ Years Aquainted: _____ _____
2	Name: _____ Address: _____ Business: _____ _____	Department: _____ Phone: _____ Years Aquainted: _____ _____
3	Name: _____ Address: _____ Business: _____ _____	Department: _____ Phone: _____ Years Aquainted: _____ _____

UNDERSTANDING OF APPLICATION POLICIES

I hereby declare/certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any deliberate falsification, omission or misstatements of facts in my application or resulting interviews could result in termination of my employment. I understand the application and all supporting documents are the property of Coyote Canyon Chapter. I understand, if hired, I am required to abide by all rules, regulations and policies of Coyote Canyon Chapter.

Applicant Signature

Date