

# Coyote Canyon Chapter

## Student Employment Application

### **High School & College Student Check off List:**

- Student I.D. / State Identification Card / Driver's License
- Social Security Card
- Certificate of Indian Blood (C.I.B)
- Voter Registration Card **(18 and over)**
- Parent(s) Voter Registration **(17 and under)**
- Current High School Verification Enrollment **(High School Students Only)**
- Letter of Admissions **(College Students Only)**
- Current College Transcripts **(College Students Only)**
- Letter of Interest
- DD-214 Discharge Papers- U.S. Military Veteran
- COVID VACCINE CARD

**Notice:** All Applications shall be filled out and turned in by the applicant. It is applicant's sole responsibility to turn in application and supporting documents attached. All Applications are due.....before 5:00pm and will be clocked in by the Chapter Administration. Absolutely, no application will be taken after 5:00pm; this is to ensure all applicants are treated equally.

# Coyote Canyon Chapter – Student Employment Application

Personal Information				
Date of Application:		Full Name:		
Date of Birth:		Age:	Email Address:	
Mailing Address:		City:	State:	Zip:
Physical Address:				
Phone Number:		Home #:		
Social Security #:		Census #:		
College Applicant Information (College Students Only)				
College Major:		Graduate Date:		# Of Credits:
Class Classifications:    Freshman    Sophomore    Junior    Senior    Graduate				
Voter Registration Information				
<b>18 and Over</b>				
Chapter Registered:		Last Year Voted:		
<b>17 and Under</b>				
Parent Full Name:		Chapter Registered:		
Social Security #:		Census #:		
Parent Full Name:		Chapter Registered:		
Social Security #:		Census #:		
Emergency Registration Information				
Emergency Contact Name (Print):			Phone #:	
Address:			Relationship:	

## Employment Desired

**Position: Youth Employment (High School) Student Employment (High School) College Applicant (College)**

**Have you applied at the Chapter house? YES or NO** | **If Yes, When:**

**Are you Disabled: YES or NO** | **If yes, do require special needs in order to work: YES or NO**

**Please list your needs and accommodations:**

**Do you have any blood relatives working at the Coyote Canyon Chapter: YES or NO**

**If yes, who:** | **(You will not be Penalized or Denied Employment)**

**Please List all experiences, skills, and coursework that are relevant for the job/position you are applying for:**

## Employment History (Most Recent First)

**Employer:** | **Phone #:**

**Work Address:**

**Position Held:** | **Supervisor:**

**Date(s) Employed:**

**Job Description:**

**Reason for Leaving:**

## Disclaimer

**I, \_\_\_\_\_ (Print) certify that my answers are true and complete to the best of my knowledge. By signing this application, I understand that my references could be contacted to verify my school and college institution attendance and past employers.**

**I understand, if this application leads to my employment; I understand that false or mis leading information on my application or interview may results in my application being terminated.**

**Furthermore, I do understand that the application process is my sole responsibility of completing and turning in upon the deadline indicated.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Student Employment Consent to Release Information

The Coyote Canyon Chapter of Coyote Canyon, New Mexico (Navajo Nation) is required by Tribal and Federal Law (Privacy Act) that the applicant reads and approves by signature, to grant Coyote Canyon Chapter to release and inquire confidential reads academic information to or form the individual listed or institution; in order to receive and approve any financial support from Coyote Canyon Chapter

**By signing this portion of this form; you are granting consent the Coyote Canyon Chapter to inquire Academic information from the School or College Institution you are attending. In most cases, this is to confirm that the applicant is attending the School or the College Institution Indicated.**

I, \_\_\_\_\_ (Print) hereby grant consent Coyote Canyon Chapter to inquire on my academic information to further verify my position as a student in order to receive financial assistance from Coyote Canyon Chapter.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**By signing this portion of this form; you getting consent to the following people to have access and require on your Employment Application and Documents that you the applicant have submitted to the Coyote Canyon Chapter. All person(s) listed must show identification upon viewing or release of any information.**

1. Name of person: \_\_\_\_\_ Full Access: \_\_\_\_\_  
Limited: \_\_\_\_\_

2. Name of person: \_\_\_\_\_ Full Access: \_\_\_\_\_  
Limited: \_\_\_\_\_

**Limited Access granted – Please indicate what information is allowed to be view or given to.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**By signing this portion of this form; you are granting consent for the following individuals to pick up your Employment Check on your behalf. In case you the applicant is unable to pick up their Employment Check. All people listed must show identifications upon receiving check.**

**Authorized Person(s):**

1. Name of Person: \_\_\_\_\_ 2. Name of Person: \_\_\_\_\_  
3. Name of Person: \_\_\_\_\_

