



Whippoorwill Chapter

Post Office Box 279

Pinon, AZ 86510-0279

Telephone (928) 725-3728/3727 Fax (928) 725-3745



Marcita Denny, Chapter Manger

Ella M. Kay, Chapter Administrative Assistant

Germaine Simonson - NN Council Delegate

Aaron Yazzie - President

Gerald Ahasteen - Vice President

Phillip Tom Jr. - Secretary/Treasurer

PUBLIC EMPLOYMENT PROGRAM CHECK-OFF LIST (REQUIRED DOCUMENTS)

Name: _____

Date: _____

- COMPLETE PUBLIC EMPLOYMENT PROGRAM APPLICATION
- COPY OF SOCIAL SECURITY CARD
- COPY OF STATE ISSUED DRIVERS LICENSE OR IDENTIFICATION CARD
- COPY OF NAVAJO NATION ELECTION VOTER REGISTRATION CARD (IF APPLICABLE)

All required documents must be submitted with application by the closing date in order to be considered for the Public Employment Program. If you have any question regarding the application process, please contact Whippoorwill Chapter @ (928)725-3728/3727

Received by: _____

Date: _____

Reviewed by: _____

Date: _____

Revised 12/29/2023



WHIPPOORWILL CHAPTER

PUBLIC EMPLOYMENT PROGRAM

EMPLOYMENT APPLICATION



PERSONAL INFORMATION

DATE

NAME <small>FIRST MIDDLE LAST</small>		SOCIAL SECURITY NO.
OTHER NAMES USED IF APPLICABLE		CENSUS NO.
MAILING ADDRESS		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PHONE	DATE OF BIRTH	DRIVER'S LICENSE STATE EXP. DATE
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO PLEASE GIVE NATIONALITY		
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPT.		

EMPLOYMENT DESIRED

CLOSING DATE: _____

POSITION	POSITION NO.	CLASS CODE	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 TRIBE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE?	WHEN?

EDUCATION

SCHOOL NAMES AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			DEGREE(S)
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			TYPE OF TRAINING
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?	READ?	WRITE?	TYPING SPEED W.P.M.	SHORTHAND SPEED W.P.M.
MILITARY SERVICE: BRANCH	ENTRANCE DATE:	DISCHARGE DATE:	DRAFT CLASSIFICATION	

THE WHIPPOORWILL CHAPTER GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.
PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

MEDICAL HISTORY

LIST ANY PHYSICAL DEFECTS

NAME ADDRESS RELATIONSHIP

NAME OF

BENEFICIARY (Must be Completed)

NAME ADDRESS PHONE NO.

IN CASE OF

EMERGENCY NOTIFY

*** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU, DPM ***

FORMER EMPLOYERS
LAST ONE FIRST

1. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work	Rate of Pay \$	Reason for leaving
				2. Dates of Employment From To	Name and Address of Employer
3. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work	Rate of Pay \$	Reason for leaving
4. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work	Rate of Pay \$	Reason for leaving
5. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work	Rate of Pay \$	Reason for leaving
6. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work	Rate of Pay \$	Reason for leaving

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

The information that I have provided on this application is true and correct to the best of my knowledge. Any misrepresentation or omission of any fact on 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 Whippoorwill Chapter. My signature below authorizes the Whippoorwill Chapter to contact any of my prior employers for reference purposes.

I understand that I may be subject to a background check and hereby authorize to make any investigation of my personal history, education background, motor vehicle records and criminal records. I authorize the release of this information by the appropriate agencies to the investigation services

DATE

SIGNATURE



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PUBLIC EMPLOYMENT PROGRAM

ACKNOWLEDGEMENT FORM

I, _____, the undersigned, acknowledge that I have received, read and understand this Plan of Operation for the Public Employment Program (PEP) and that I will adhere to the policies set forth in this Plan of Operation for Whippoorwill Chapter. During my review of the Plan of Operation for Public Employment Program (PEP). I have had an opportunity to clarify any questions, which I may have concerning the provisions of the Public Employment Program

I understand that Whippoorwill Chapter adheres to its policy for employment, which enables them, as the employer, to initiate disciplinary action against me, as an employee, in accordance with this policy and other applicable laws.

I further understand that this Plan of Operation for Public Employment Program (PEP) is not a contract, and that the policies contained herein is used until it is amended and approved by community membership

Employee's Signature

Date

Employer's Signature

Date