



# Whippoorwill Chapter

Post Office Box 279

Pinon, AZ 86510-0279

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



Mareita 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

## SUMMER YOUTH EMPLOYMENT PROGRAM

### CHECK-OFF LIST (REQUIRED DOCUMENTS)

Name: \_\_\_\_\_

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

- COMPLETE SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION
- COPY OF SOCIAL SECURITY CARD
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- BIRTH CERTIFICATE
- COPY OF VOTERS REGISTRATION
  - IF APPLICANT IS BETWEEN 14-17 YEARS OF AGE, BOTH PARENTS OR LEGAL GUARDIANS MUST BE REGISTERED VOTERS WITH WHIPPOORWILL CHAPTER
- LETTER OF INTEREST, MUST BE WRITTEN AND SIGNED BY APPLICANT (COLLEGE STUDENTS ONLY)
- COPY OF FINAL REPORT CARD OR CURRENT TRANSCRIPT (HIGH SCHOOL, MUST INCLUDE BOTH SEMESTERS OR ALL 4 QUARTERS REPORT CARD)
- COPY OF LEGAL GUARDIANSHIP DOCUMENTS ( IF APPLICABLE)

All required documents must be submitted with application by the closing date in order to be considered for the Summer Youth Employment Program. **NOTE: SYETP is a student program, applicants 18 years and older need to be continuing their education and provide supporting documents to be considered** If you have any question regarding the application process, please contact Whippoorwill Chapter @ (928)725-3728/3727

Revised 6/22/2023



# WHIPPOORWILL CHAPTER

## SUMMER YOUTH 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

Last Grade Completed: (FOR High School ONLY) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th		Final GPA:	High School Counselor:	Attendance Status:
<small>SCHOOL NAMES AND LOCATION</small>	<small>YEARS ATTENDED</small>	<small>DATE GRADUATED</small>	<small>SUBJECTS STUDIED</small>	
HIGH SCHOOL				
HIGH SCHOOL				
COLLEGE OR UNIVERSITY			<small>DEGREE(S)</small>	
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE			<small>TYPE OF TRAINING</small>	
OTHER TRAINING OR JOB EXPERIENCE				

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?	READ?	WRITE?	TYPING SPEED <small>W.P.M.</small>	SHORTHAND SPEED <small>W.P.M.</small>
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 OF BENEFICIARY (Must be Completed)	NAME	ADDRESS	RELATIONSHIP

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
2. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
3. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
4. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
5. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work
6. Dates of Employment From To	Name and Address of Employer	Position Held	Description of Work

### 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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## **WHIPPOORWILL CHAPTER SUMMER YOUTH EMPLOYMENT PROGRAM ACKNOWLEDGEMENT FORM**

*I, \_\_\_\_\_, the undersigned, acknowledge that I have received, read, understand this Policies and Procedures for the Summer Youth Employment Program (SYE) and that I will adhere to the policies set forth in this Policies and Procedures for Whippoorwill Chapter. During my review of the Policies and Procedures for Summer Youth Employment Program (SYE), I have had an opportunity to clarify any questions, which I may have concerning the provisions of the Summer Youth Employment Program (SYE).*

*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 Policies and Procedures for the Summer Youth Employment Program (SYE) 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*



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## SUMMER YOUTH EMPLOYMENT PROGRAM

### PARENTAL CONSENT FORM

I, \_\_\_\_\_ certify that I am the parent/guardian of the Chapter's Summer Youth Employment Program youth whose signature appears below. I give my consent to have my child be enrolled in and participate in the Whippoorwill Chapter's Summer Youth Employment Program. I understand that my child will be subject to all Navajo, State and Federal Child Labor Laws while participating under this program. I further understand that my child may not be enrolled in the youth program if I do not give my consent for my child to participate.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date