



Whippoorwill Chapter

P.O. Box 279
Pinon, AZ 86510
Phone #: (928)725-3727/3728
Fax #: (928)725-3745



Marietta Denny, Chapter Manager

Ella M. Kaye, Administrative Assistant

Germaine Simonson, Council Delegate Aaron Yazzie, President Gerald Ahasteen, Vice-President Phillip Tom Jr.,
Secretary/Treasurer

PUBLIC EMPLOYMENT APPLICATION

REQUIRED DOCUMENT CHECK-OFF LIST

NAME: _____ DATE: _____

- COMPLETE PUBLIC EMPLOYMENT PROGRAM APPLICATION
- COPY OF STATE-ISSUED DRIVERS LICENSE OR IDENTIFICATION CARD
- COPY OF SOCIAL SECURITY CARD
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- COPY OF NAVAJO NATION ELECTION VOTER REGISTRATION CARD OR
VERIFICATION OF VOTER REGISTRATION FORM

Only if the job description requires:

- COPY OF FOOD HANDLERS' CERTIFICATION

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 questions regarding to the application process, please contact Whippoorwill Chapter at (928) 725-3728.

Received by: _____

Date: _____

Reviewed by: _____

Date: _____

WHIPPOORWILL CHAPTER

Po Box 279, Pinon, AZ 86510
Phone: (928) 725-3728 Fax: (928) 725-3475



PUBLIC EMPLOYMENT PROGRAM APPLICATION

PERSONAL INFORMATION

Applicant's Name: (First)		(Middle Initial)	(Last)	(Maiden Name)
Last 4 of SSN:	Census No.:	Date of Birth:		Phone Number(s):
Gender:	Driver License No.:	State:	Expiration Date:	Email Address:
Physical Address:			City:	State: Zip Code:
Mailing Address:			City:	State: Zip Code:

EMPLOYMENT DESIRED

Position Applying For:		Position No.:	Class Code:	Salary Desired:	Date Available to Work:	Closing Date:
Are you currently employed? (Circle one)		Yes	No	If Yes, May We Contact Your Current Employer? (Circle one) Yes No		
Have You Ever Applied To The Tribe Before? (Circle one) Yes No			If yes: When? Where?			
Are you a registered voter at Whippoorwill Chapter? (Circle one)						Yes No
Are you a Veteran? (Circle one)						Yes No
If yes, please state: MILITARY SERVICE BRANCH:		ENTRANCE DATE: DISCHARGE DATE:			DRAFT CLASSIFICATION:	
Are you Handicapped/ Disabled? (Circle one)						Yes No
Are you Navajo? (Circle one)		Yes	No	If No, Please Provide Nationality:		
Are you related to anyone currently employed at Whippoorwill Chapter? (Circle one)		Yes	No	If Yes, Please Provide Name & Dept.:		

EDUCATION

NAME OF INSTITUTION & LOCATION:	YEARS ATTENDED:	DATE GRADUATED:	SUBJECTS/ MAJOR STUDIED:
HIGH SCHOOL:			
HIGH SCHOOL:			
COLLEGE/ UNIVERSITY:			
COLLEGE/ UNIVERSITY:			
TRADE, BUSINESS, OR CORRESPONDENCE:			

LIST OTHER CERTIFICATIONS/ TRAININGS COMPLETED/ JOB EXPERIENCE:

WHAT LANGUAGE(S) DO YOU FLUENTLY:	TYPING SPEED:	SHORTHAND SPEED:
READ:	WPM	WPM
SPEAK:		
WRITE:		

REFERENCES

NAME:	ADDRESS:	BUSINESS:	YEARS ACQUAINTED:
1			
2			
3			

MEDICAL

Do You Have Any Physical Defects? (Circle One)		Yes	No	If Yes, Please List Them Down:
EMERGENCY CONTACT:	NAME:	ADDRESS:		PHONE:
BENEFICIARY:	NAME:	ADDRESS:		PHONE:

ALL SECTIONS MUST BE COMPLETED

EMPLOYMENT HISTORY

Please List Most Recent Employer First

1. EMPLOYMENT PERIOD:	EMPLOYER NAME & ADDRESS:	POSITION:	JOB DESCRIPTION:
END:			
START:			
SALARY RATE:	REASON FOR LEAVING:		

2. EMPLOYMENT PERIOD:	EMPLOYER NAME & ADDRESS:	POSITION:	JOB DESCRIPTION:
END:			
START:			
SALARY RATE:	REASON FOR LEAVING:		

3. EMPLOYMENT PERIOD:	EMPLOYER NAME & ADDRESS:	POSITION:	JOB DESCRIPTION:
END:			
START:			
SALARY RATE:	REASON FOR LEAVING:		

4. EMPLOYMENT PERIOD:	EMPLOYER NAME & ADDRESS:	POSITION:	JOB DESCRIPTION:
END:			
START:			
SALARY RATE:	REASON FOR LEAVING:		

5. EMPLOYMENT PERIOD:	EMPLOYER NAME & ADDRESS:	POSITION:	JOB DESCRIPTION:
END:			
START:			
SALARY RATE:	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 commission 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 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.

Applicant Signature:

Date: