



WHIPPOORWILL CHAPTER

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



Marcitta Denny, Chapter Manager

Germaine Simonson, Council Delegate

Aaron Yazzie, President

Gerald Ahasteen, Vice-President

Ella M. Kaye, Administrative Assistant

Phillip Tom Jr., Secretary/Treasurer

SUMMER YOUTH EMPLOYMENT PROGRAM

REQUIRED DOCUMENT CHECK- OFF LIST

Name: _____

Date: _____

- COMPLETE SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION
- COMPLETE PARENTAL CONSENT FORM
- COPY OF BIRTH CERTIFICATE
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- COPY OF SOCIAL SECURITY CARD
- COPY OF NAVAJO NATION ELECTION VOTER REGISTRATION CARD OR VERIFICATION OF VOTER REGISTRATION FORM
- COPY OF FINAL REPORT CARD OR CURRENT TRANSCRIPT
- COPY OF LEGAL GUARDIANSHIP DOCUMENTS (**IF APPLICABLE**)
- LETTER OF INTEREST, MUST BE TYPED AND SIGNED (**COLLEGE STUDENTS ONLY**)

All required documents must be submitted with application by the closing date, no later than 5:00pm in order to be considered for the Higher Education Financial Assistance Program. If you have any questions regarding to the application process, please contact Whippoorwill Chapter at (928) 725-3728/3727.

Received by: _____

Date: _____

Reviewed by: _____

Date: _____

WHIPPOORWILL CHAPTER

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



SUMMER YOUTH 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)	
Have You Ever Applied To The Tribe Before? (Circle one)		If yes: When?		Where?	
Yes No		Are you a registered voter at Whippoorwill Chapter? (Circle one)		Yes	No
Are you a Veteran? (Circle one)				Yes	No
If yes, please state:		ENTRANCE DATE:		DRAFT CLASSIFICATION:	
MILITARY SERVICE BRANCH:		DISCHARGE DATE:			
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:



Whippoorwill Chapter



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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



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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