

TO'NANEE'DIZI LOCAL GOVERNMENT  
PO BOX 727  
TUBA CITY, AZ 86045

Student Employment Application Checklist

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

1. \_\_\_\_\_ To'Nanees'Dizi Local Government Application
2. \_\_\_\_\_ To'Nanees'Dizi Voter Registration Card
  - a. If under 18, must have Parent (s) Voter Registration Card
  - b. Must be registered for at least 6 months or parent must be registered voter for 1 year prior to applying.
3. \_\_\_\_\_ Certificate of Indian Blood
4. \_\_\_\_\_ SIGNED Social Security Card of Student
5. \_\_\_\_\_ Driver's License or Identification Card
6. \_\_\_\_\_ Letter of Interest
7. \_\_\_\_\_ School Verification



# To'Nanees'Dizi Local Government

## Council of Naat'aanii

### APPLICATION FOR EMPLOYMENT

#### PERSONAL INFORMATION

DATE 

NAME FIRST MIDDLE LAST			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

POSITION			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 CHAPTER 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 TO'NANEES'DIZI LOCAL GOVERNMENT 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

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

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

## 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	Position Held	Description of Work
Rate of Pay \$		Reason for leaving	
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	

**I HEREBY AUTHORIZE THE TO'NANEE'S'DIZI LOCAL GOVERNMENT TO VERIFY THE  
INFORMATION GIVEN ON THIS APPLICATION.**

All persons and organizations are released from any liability, whatsoever, as a result of  
providing such information as requested by the To'Nanees'Dizi Local Government in connection with  
this Application for Employment.

DATE

SIGNATURE