



MARIANO LAKE CHAPTER
PO BOX 897
THOREAU, NM 87323
Phone (505) 786-2180/2182 Fax (505) 786-2181
Email: marianolake@navajochapters.org

(14-17 years)
APPLICATION
FOR MINORS

**Students Employment & Training Program
Cover Sheet**

Student Name: _____ **Age:** _____ **D.O.B.** _____

Physical Address: _____

Student Cell #: _____ **Alternate Number:** _____

Email Address: _____

School Attending: _____ **Grade Level:** _____

Parent Name: _____ **Relationship:** _____

Cell Number: _____ **Alternate Number:** _____

Which Chapter are you registered with? _____

Parent Name: _____ **Relationship:** _____

Cell Number: _____ **Alternate Number:** _____

Which Chapter are you registered with? _____

Documents Check List:

Student Documents:

- Completed Application with Signature
- Copy of Certificate of Indian Blood
- Copy of Social Security Card
- Copy of Identification (State ID or School ID or Birth Certificate)
- Transcript (Unofficial/Official) or School Year Report Card
- Copy of Coronavirus Vaccination
- Voter Registration Verified By:

Office Use Only:

- Consent Form or Parental Consent Form
- Photo Release Form or
Minor Photo Release Form
- MLC Drugs & Alcohol Form
- MLC Medical Form
- Student's Statement of Understanding
- Employment Eligibility Verification
- W-4 Form
- Personnel Action Form

Payroll Check List:

- Daily Sign-In Sheet
- Individual Progress Report
- Master Time Sheet



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**STUDENTS EMPLOYMENT & TRAINING PROGRAM
 PARENTAL CONSENT FORM**

Student Name: _____ DOB: _____

Parent(s) /Legal Guardian: _____

Mailing Address: _____

Physical Address: _____

Cell Number: _____ Alternate Number: _____

Project Title: Summer Youth Employment Project

Location of Worksite: Mariano Lake Chapter & Various Locations within the NN

Job Title: Laborer Hourly Wage: \$11.12

Starting Date: TBA Ending Date: TBA

CONTACT INFORMATION IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Cell Number: _____ Alternate Number: _____

Name: _____ Relationship: _____

Cell Number: _____ Alternate Number: _____

I, _____, am the parent/legal guardian (circle one) of _____
 Age, _____ and consent him/her to participate in the employment and all related activities within the
 "Student Employment and Training Program". I further consent that my student must comply with all
 Navajo Nation health orders regarding the Coronavirus Pandemic. Additionally, I understand the risk
 my student will be taking during his/her employment due to the Coronavirus disease and I will not hold
 any person or party responsible if my student becomes positive with the coronavirus disease. I further
 comply that if my student becomes positive, I agree to immediately inform the Mariano Lake Chapter
 and comply with the health regulations.

Parent: _____ Date: _____

Student: _____ Date: _____



**STUDENTS EMPLOYMENT & TRAINING PROGRAM
 MEDICAL FORM**

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Participant's Name: _____ DOB: _____

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone Number: _____ Work Number: _____

Family Doctor: _____ Phone Number: _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The Mariano Lake Chapter will take reasonable care to see that the following information will be held in confidence:

1. Have you received all the Coronavirus vaccinations? _____
2. Allergic reactions (medications, foods, plants, insects, etc.): _____
3. Immunizations-date of last tetanus/diphtheria immunization: _____
4. Does child have a medically prescribed diet? _____
5. Any physical limitations? _____
6. Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____
7. Has child recently been exposed to contagious disease or conditions, such as Coronavirus, mumps, measles, chickenpox, etc.? If so, date and disease or condition:

8. You should be aware of these special medical conditions of my child: _____

Parent/Legal Guardian Signature: _____ Date: _____

Mariano Lake Chapter Drugs and Alcohol in the Workplace
NAVAJO NATION PERSONNEL POLICIES MANUAL:
XVI. CONDUCT OF EMPLOYEES SECTION E

1. The use of intoxicants during working hours or the lunch period is prohibited.
2. An employee unable to perform job duties as a result of alcohol or illegal drug intoxication will be excused from the worksite and charged leave without pay. In addition, the employee is subject to disciplinary action consistent with the Table of Penalties, offense #40.
3. Employees are prohibited from selling, purchasing, transferring, possessing, or using alcohol or drugs in the workplace.
4. Employees are prohibited from unlawfully manufacturing, selling, purchasing, transferring, possessing, or using controlled substances in the workplace.
5. Any employee violating the above policies will be disciplined, up to and including termination for the first offense.
6. Any employee convicted of violating a criminal drug or alcohol statute in the workplace must inform the supervisor and the Department of Personnel Management of such conviction, including pleas of guilty or no contest, within five working days of the conviction. Failure to do so will result in disciplinary action, up to and including termination for the first offense.
7. An employee convicted of violating a criminal drug or alcohol statute in the workplace may participate in a rehabilitation or treatment program. If such a program is made as a condition of employment, the employee must satisfactorily participate in and complete the program.
8. All employees are required to acknowledge that they have been informed of the above policy and agree to it in all respects. Acknowledgment and agreement are required as a condition of continued employment. Acknowledgment will be in writing and made a part of the employee's personnel file.
9. Employees may be subject to drug and alcohol testing consistent with Navajo law.

I hereby acknowledge receiving a copy of the Mariano Lake Chapter Drugs and Alcohol in the Workplace: Navajo Nation Personnel Policies Manual: XVI. Conduct of Employees Section E.

I have read and understand the provisions therein described. I further understand and agree to the terms and conditions which constitutes for employment with the Mariano Lake Chapter.

Employee Signature

Date



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MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
 _____ [Child] grant "Mariano Lake Chapter – Navajo Nation"

[Party Receiving Permission] my permission to use the photographs described as
"Students Employment & Training Program" [Describe Photographs] for any legal use,
 including but not limited to: publicity, copyright purposes, illustration, advertising, and web
 content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me
 by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Print (Legibly) Child's Name: _____

Phone Number: _____



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STUDENT’S STATEMENT OF UNDERSTANDING
(This Form will be signed during Orientation)

Understanding the Chapter Summer Employment and Training Program Policies & Procedures, Job Description, Alcohol & Drug Free Law, and Prohibition of Sexual Harassment Policies & Procedures

I, _____, have read and understood the Chapter Students Training & Employment Program Policies & Procedures.

I, _____, understand my job description and a copy of the job description was given to me. I also received information from the Chapter Students Training & Employment Program Policies and Procedures regarding the alcohol & drug and will comply with the regulations by keeping the work place free from drugs and alcohol and will provide a safe environment within my capabilities.

Furthermore, I , _____, understand that the work place is free of Sexual Harassment and Hostile Environment as outlined in the Navajo Nation Division of Human Resources - Personnel Management Policies and Procedures.

Signature of Understanding:

 Participant Signature Date

Participant’s Name Printed: _____



THE NAVAJO NATION

Employment Application

PLEASE PRINT ALL INFORMATION

For DPM Use Only

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS	CITY	STATE ZIP CODE
DRIVER'S LICENSE NUMBER	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS:	STATE EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS	
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB (REQUIRED)</small>	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not previously submitted, please provide a copy of DD Form 214/215</small>	DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach an Application for Veterans' Employment Preference</small>		
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
--------------------	-----------------	----------------

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.
Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO IF YES, GIVE DATE AND REASON.
ATTACH ADDITIONAL SHEET IF NECESSARY

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO
IF YES, GIVE DATE AND REASON

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * YES NO IF YES, GIVE BRIEF DESCRIPTION
PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? YES NO

NAME/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

RELATIONSHIP:

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			
EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

PRE EMPLOYMENT STATEMENT PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN 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 NAVAJO NATION. MY SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE NAVAJO NATION TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____ DATE _____