



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



Public Employment Program COVER SHEET

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

Physical Address: _____

Cell #: _____ Alternate Number: _____

Email Address: _____

Are you registered with Mariano Lake Chapter?: _____

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Cell Number: _____ Alternate Number: _____

Name: _____ Relationship: _____

Cell Number: _____ Alternate Number: _____

Public Employment Program Checklist:

Required Documents:

- Completed Application with Signature
- Copy of Certificate of Indian Blood
- Copy of Social Security Card
- Copy of Identification (State ID or Birth Certificate)
- Voter Registration Verified By:

X

Office Use Only:

- Consent Form
- Medical Form
- MLC Drugs & Alcohol Form
- Photo Release Form
- Statement of Understanding Form
- Employment Eligibility Verification
- W-4 Form

Payroll Checklist:

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

Public Employment Program Consent Form

Name: _____ DOB: _____

Mailing Address: _____

Physical Address: _____

Cell Number: _____ Alternate Number: _____

Project Title: Public Employment Program

Location of Worksite: Mariano Lake Chapter & Mariano Lake Community

Job Title: PEP Supervisor/Equipment Operator Hourly Wage: \$16.32

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, _____, consent to participate in the employment and all related activities within the "Public Employment Program". I further consent that I must comply with all Navajo Nation health orders, if any. Additionally, I understand the risk I will be taking during my employment due to the Coronavirus disease and any active illnesses or diseases in the public, and I will not hold any person or party responsible if I become positive with any illnesses or diseases. I further comply that if I become positive, I agree to immediately inform the Mariano Lake Chapter and comply with the health regulations.

Signature of Consent: _____

Print Name: _____

Date: _____

Public Employment Program Medical Form

Medical Matters:

I hereby warrant that to the best of my knowledge, I (participant) am in good health, and I assume all responsibility for my health.

Participant's Name: _____ DOB: _____

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport me (participant) 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, please contact the following:

Name: _____ Relationship: _____

Phone Number: _____ Work Number: _____

Personal Health Information:

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. Do you have a medically prescribed diet? _____
5. Any physical limitations? _____
6. Do you have any emotional reactions to new situations, such as fainting, anxiety, etc.? _____

7. Have you 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: _____

Signature of Consent: _____ Date: _____

Print Name: _____

**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. Acknowledgement 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 constitute employment with the Mariano Lake Chapter.

Employee Signature

Date

PHOTO RELEASE FORM

I, _____, grant "Mariano Lake Chapter – Navajo Nation" my
permission to use the photographs described as
"Public Emploment Program" 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.

Participant's Signature: _____ **Date** _____

Participant's Printed Name: _____

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

Understanding Mariano Lake Chapter's Public Employment Program Policies & Procedures, Job
Description, Alcohol & Drug Free Law, and Prohibition of Sexual Harassment Policies &
Procedures

I, _____, have read and understood Mariano Lake Chapter's
Public 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 Mariano Lake Chapter's Public
Employment Program Policies and Procedures regarding the alcohol & drug and will comply
with the regulations by keeping the workplace 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
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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.			

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? * IF YES, GIVE DATE AND REASON		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* 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 * PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE BRIEF DESCRIPTION
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* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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RELATIONSHIP

RELATIONSHIP

EMPLOYMENT HISTORY

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

DATE EMPLOYED
(MM/DD/YYYY)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	JOB TITLE
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TO

REASON FOR LEAVING

	IMMEDIATE SUPERVISOR:
--	-----------------------

[illegible]

DATE EMPLOYED
(MM/DD/YYYY)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/YY-YY/YY)	JOB TITLE
-------------------------------------	---------------------------------	-----------

TC

REASON FOR LEAVING

	IMMEDIATE SUPERVISOR:
--	-----------------------

[illegible]

EMPLOYMENT HISTORY- CONTINUED

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		

For New Mexico State Withholding Only

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.