



**MARIANO LAKE CHAPTER**  
PO BOX 897  
THOREAU, NM 87323  
Phone (505) 786-2180/2182, Fax (505) 786-2181  
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## **Students Employment & Training Program**

### **Cover Sheet**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**If 18 years or older, which Chapter are you registered with?** \_\_\_\_\_

**1) Parent Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Name of Chapter Registered With:** \_\_\_\_\_

**2) Parent Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Name of Chapter Registered With:** \_\_\_\_\_

### **Documents Check List:**

#### **Applicant's Responsibility to Include the listed documents:**

- ☐ Completed Navajo Nation Application with Signature
- ☐ Parental Consent Form (If underage)
- ☐ Completed Medical Form
- ☐ Completed Employee Conduct Form
- ☐ Copy of Certificate of Indian Blood
- ☐ Copy of Social Security Card
- ☐ Copy of Identification Card (State ID/DL or School ID)

#### **Chapter Office Use Only:**

- ☐ Medical Form
- ☐ Conduct of Employees
- ☐ Statement of Understanding (P&P)
- ☐ Orientation Date:
- ☐ New Mexico New Hire Form
- ☐ Employment Eligibility Verification
- ☐ W-4 Form
- ☐ Personnel Action Form
- ☐ Voter Registration Verified By:

#### **NOTES:**



# 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 <b>attach</b> 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.		

## 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 TURPIDITY? \* ☐ 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 \_\_\_\_\_



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**EMPLOYMENT PROGRAM**  
**MEDICAL CONSENT FORM**

**Medical Matters:**

The Mariano Lake Chapter will take reasonable care to see that the following information will be held in confidence and will only be shared with the healthcare provider(s) in the event of an emergency.

I hereby warrant that to the best of my knowledge; I am in good health and of sound mind to be temporarily employed by Mariano Lake Chapter. In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical treatment.

Participant's Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Emergency Contacts:**

**1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Emergency Medical Information:**

Name of Health Care Facility Where Medical Care is Normally Received:

Facility Name: \_\_\_\_\_ Doctor: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Specific Medical Information:**

1. Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_
2. Immunizations-date of last tetanus/diphtheria immunization: \_\_\_\_\_
3. Any physical limitations? \_\_\_\_\_
4. Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_
5. Please list special medical conditions: \_\_\_\_\_

Participant's Consenting Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the participant is under the age of 18yrs, please obtain parental consent:**

Printed Name of Consenting Parent: \_\_\_\_\_

Parental Consent 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, in possession of or using alcohol in the workplace.
4. Employees are prohibited from selling, purchasing, transferring, in possession of or using controlled substances or drugs in the workplace.
5. Any employee violating the above policies will be disciplined, up to and including termination for the first offense, and possibly reported to the legal authorities.
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 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 understand that I can request a copy of this form "Mariano Lake Chapter Drugs and Alcohol in the Workplace" and a copy of the 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.

Lastly, If applicable, I further understand if the employee is under the age of 18 years, the employee and parent understand that the underage employee is held to the same rules, regulations and penalties of an adult.

Participant's Name (& Signature): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If the participant is under the age of 18yrs, the "signature" line must be the parent or legal guardian, with their printed name. The underage participant will print & sign on the "participant's name".)**