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MARIANO LAKE CHAPTER
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Annie Martinez, **Vice-President**
Anthony Begay, **Land Board Member**



Henry P. Begay Jr., **Secretary/Treasurer**
Leandra K. James, **Community Services Coordinator**

YOUTH EMPLOYMENT PROGRAM (YEP) | PACKET A

Temporary Employment — Application Checklist

Position applying for: _____

Applicant name: _____

REQUIRED DOCUMENTS — SUBMIT WITH APPLICATION

- ☐ Completed and signed official Navajo Nation Employment Application (attached).
- ☐ Copy of Navajo Nation Certificate of Indian Blood (CIB).
- ☐ Copy of Mariano Lake Chapter Registration Verification Document or Card.
- ☐ Copy of any position-specific **license or certification**, only if required by the job vacancy announcement.

OPTIONAL SUPPORTING DOCUMENTS

- ☐ Applicants may submit a résumé, letter of interest, or other relevant documentation to demonstrate their qualifications. These documents are not required unless specifically identified in the job vacancy announcement.

APPLICATION INSTRUCTIONS

- Applicants must be at least 18 years of age to participate in the temporary employment program.
- Applications and required supporting documents must be submitted by the deadline and through the submission method specified in the job vacancy announcement.
- Additional employment verification, payroll, tax, and other onboarding documents will be requested upon selection or hiring, as applicable.

DRUG-FREE, ALCOHOL-FREE, TOBACCO-FREE, AND SMOKE-FREE WORKPLACE

Mariano Lake Chapter is a local governmental entity of the Navajo Nation and is committed to maintaining a safe, healthy, and productive work environment.

In accordance with applicable Navajo Nation laws and workplace standards, Mariano Lake Chapter maintains a drug-free, alcohol-free, tobacco-free, and smoke-free workplace.

All temporary employees are expected to comply with applicable workplace safety requirements, including restrictions on the unlawful possession, use, manufacture, or distribution of controlled substances; alcohol use in the workplace; and commercial tobacco use in prohibited areas.

These requirements shall be administered in accordance with applicable Navajo Nation laws and policies, including recognized exceptions for lawful traditional ceremonial practices.

APPLICANT NOTICE: Submission of an application does not guarantee selection or employment.

Applicant signature: _____ Date: _____



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 ☐ CDL ☐ OPERATOR	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS		
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? ☐ YES ☐ NO		IF YES, INDICATE CENSUS NUMBER If not previously submitted, please attach copy of CIB (REQUIRED)	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? ☐ YES ☐ NO If not previously submitted, please provide a copy of DD Form 214/215		DO YOU WISH TO CLAIM VETERANS' PREFERENCE? ☐ YES ☐ NO If Yes, please attach an Application for Veterans' Employment Preference		
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION?		☐ YES ☐ 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

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)	
	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					