



White Rock Local Government
 PO Box 660 Crownpoint, NM 87313
 Ph: 505-786-2444 Fx: 505-786-2447
 Email: whiterock@navajochapters.org

Applicant Name _____ Date _____
 Mailing Address _____ Phone _____
 Physical Address _____ Email _____

PUBLIC EMPLOYMENT PROGRAM REQUIRED DOCUMENTS

- EMPLOYMENT APPLICATION** - Application filled out completely & signed
- SOCIAL SECURITY CARD** - Provide a copy
- CERTIFICATE OF INDIAN BLOOD (CIB)** - Provide a copy
- VOTER REGISTRATION** - Verifying you are registered with White Rock Local Government
- DRIVER'S LICENSE/STATE ID** - Provide a copy
- LETTER OF INTEREST**
- CURRENT RESUME**

UPON EMPLOYMENT DOCUMENTS

- | | |
|---|---|
| <input type="checkbox"/> ORIENTATION FORM | <input type="checkbox"/> FOOD HANDLER'S PERMIT |
| <input type="checkbox"/> PERSONNEL ACTION FORM | <input type="checkbox"/> PHOTO RELEASE |
| <input type="checkbox"/> W-4 | <input type="checkbox"/> FEMA CERTIFICATES |
| <input type="checkbox"/> EMPLOYEE AFFIDAVIT | <input type="checkbox"/> POLICIES |
| <input type="checkbox"/> NM NEW HIRE | |

CHAPTER ADMINISTRATION USE ONLY

APPLICATION COMPLETE: Yes ___ No ___ Date Stamp: _____

RECEIVED BY: _____

PM Date: _____ Action Taken: _____

RM Date: _____ Motion: _____ Second: _____ Vote: _____

Advertise Date: _____ Interview Date: _____ Position: _____

Start Date: _____ End Date: _____ Project No.: _____

APPROVED By: _____

DISAPPROVED By: _____ Reason: _____



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POSITION APPLYING FOR:

DATE:

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	CENSUS NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS	CITY	STATE
DRIVER'S LICENSE NUMBER	STATE	EXP. DATE	TELEPHONE NO.	MESSAGE NO.
ENROLLED MEMBER OF THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	REGISTERED WITH WHITE ROCK CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

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

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

REFERENCES - List persons who are not related to you.

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

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

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING. LIST:

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE WHITE ROCK CHAPTER? YES NO

NAME/ DEPARTMENT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT

NAME: _____ PHONE NO. _____ RELATIONSHIP: _____

ADDRESS / PHYSICAL ADDRESS: _____

EMPLOYMENT HISTORY - Begin with most recent position.

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR: _____			

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR: _____			

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR: _____			

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR: _____			

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EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR: _____			

DESCRIBE DUTIES AND RESPONSIBILITIES

PRE- EMPLOYMENT STATEMENT - Please read carefully and sign 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 WHITE ROCK CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE WHITE ROCK CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

SIGNATURE _____

DATE _____