



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 \_\_\_\_\_

**YOUTH 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** - Under the age of 18, provide parents voter registration
- SCHOOL ENROLLMENT** - Current report card/unofficial transcript/enrollment verification
- LETTER OF INTEREST**
- CURRENT RESUME**
- WORKSITE AGREEMENT**

**UPON EMPLOYMENT DOCUMENTS**

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

**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 ZIP CODE
DRIVER'S LICENSE NUMBER	STATE	EXP. DATE	TELEPHONE NO.	MESSAGE NO. EMAIL ADDRESS
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	

**PARENT INFORMATION - Fill this section if applicant is under the age of 18**

MOTHERS NAME	FATHERS NAME	ARE PARENTS REGISTERED WITH CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLEGE STUDENT <input type="checkbox"/> AGE: _____	JR HIGH / HIGH SCHOOL STUDENT <input type="checkbox"/> AGE: _____
ARE YOU REGISTERED WITH SELECTIVE SERVICE? <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					

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? IF YES, GIVE DATE AND REASON.  
 ATTACH ADDITIONAL SHEET IF NECESSARY  YES  NO

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

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: _____			

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IMMEDIATE SUPERVISOR: _____			

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EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED - MM/YY		JOB TITLE
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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 \_\_\_\_\_