WHITE ROCK LOCAL GOVERNMENT
APPLICANT CHECKLIST

The following documents are required documents for a complete application package:

- ☐ Complete and Signed Employment Application
- ☐ Letter of Interest
- ☐ Resume
- ☐ Copy of Social Security Card
- ☐ Copy of Driver's License

Supporting Documents

Education: To receive full credit for education, certification and/or licensure, applicants are required to submit the following documents:

- ☐ Copy of Transcript(s)
- ☐ Copy of Degree(s)
- ☐ Copy of Certificate(s)

Preference Documents: To receive preference, applicants must submit the following documents.

- ☐ Navajo Preference: Submit Certificate of Indian Blood (CIB)
- ☐ Veterans Preference: Submit DD214

Submission Instructions:

1) Hand delivered to the White Rock Local Government
2) Mail to: If mailed, date stamp on mailed application must be on or before closing date.
   Attn: Tina Pablo, AA
   White Rock Local Government
   P.O. Box 660
   Crownpoint, NM 87313
3) Faxed to:
   (505) 786-2447
   Attn: Tina Pablo, AA
4) Emailed to:
   whiterock@navajochapters.org
   Subject Heading: Chapter Manager Employment Application

For Office Use Only:
Initial: _____Time: _____ Stamp:

Application & Documentation Review:
☐ Complete ☐ Incomplete

WHITE ROCK LOCAL GOVERNMENT
Employment Application

PLEASE PRINT ALL INFORMATION

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	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
	☐ CDL ☐ OPERATOR			

TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS

ARE YOU AN ENROLLED MEMBER OF THE NAVAJO NATION?	IF YES, INDICATE CENSUS NUMBER	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
☐ YES ☐ NO	If not previously submitted, please attach copy of CIB.		

ARE YOU A VETERAN?	DO YOU WISH TO CLAIM VETERANS' PREFERENCE?
☐ YES ☐ NO	☐ YES ☐ NO
If not previously submitted, please provide a copy of DD Form 214/215	

ARE YOU FLUENT IN THE NAVAJO LANGUAGE? ☐ YES ☐ NO

POSITION INFORMATION

POSITION NUMBER	POSITION TITLE

EDUCATION

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

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The White Rock Local Government 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 TURPITUDE? * ☐ 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

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

☐ YES ☐ NO

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) FROM	TO	JOB TITLE
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY) FROM	TO	JOB TITLE
	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 WHITE ROCK LOCAL GOVERNMENT. MY SIGNATURE BELOW AUTHORIZES THE WHITE ROCK LOCAL GOVERNMENT TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK (MOTOR VEHICLE RECORDS AND CRIMINAL RECORDS), AND HEREBY AUTHORIZE NAVAJO NATION AND WHITE ROCK LOCAL GOVERNMENT 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, AND MILITARY RECORD. I AUTHORIZE THE RELEASE OF THIS INFORMATION TO WHITE ROCK LOCAL GOVERNMENT.

SIGNATURE ______________________________ DATE ____________________