

**WHITE ROCK CHAPTER
YEP DOCUMENTS LIST**

Name: _____

Date: _____

Position: _____

Rec'd By: _____

Complete: Yes No

COMPLETE EMPLOYMENT APPLICATION *

LETTER OF INTEREST

CURRENT RESUME

COPY OF SS CARD

COPY OF CIB

VOTER REGISTRATION
IF UNDER 18, A PARENT'S VOTER REGISTRATION

PROOF OF SCHOOL ENROLLMENT
CURRENT REPORT CARD OR TRANSCRIPT

UPON EMPLOYMENT

W-4

PERSONNEL ACTION FORM

PARNETAL CONSENT

WORKSITE AGREEMENT

EMPLOYEE AFFIDAVIT



WHITE ROCK CHAPTER

EMPLOYMENT APPLICATION

PO Box 660 Crownpoint, NM 87313

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	STATE	EXP. DATE	TELEPHONE NO. MESSAGE NO.
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CENSUS NUMBER	DATE OF BIRTH	ARE YOU CURRENTLY REGISTERED WITH WHITE ROCK CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT INFORMATION - Fill this section if applying for Youth Employment

MOTHERS NAME	FATHERS NAME	ARE PARTENTS REGISTERED WITH THE 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					
TECHNICAL / VOCATIONAL / BUSINESS SCHOOL					

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

PLEASE PRINT ALL INFORMATION - APPLICATION MUST BE FILLED OUT COMPLETELY.

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 YES NO IF YES, GIVE DATE AND REASON. INVOLVING
MORAL TURPITUDE?

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			

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 _____

WHITE ROCK CHAPTER
YOUTH EMPLOYMENT PROGRAM

PARENTAL CONSENT

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

PARENT OR LEGAL GUARDIAN: _____

ADDRESS: _____

EMERGENCY TELEPHONE NO: _____

CHAPTER: _____

ADDRESS: _____

PROJECT TITLE/PROJECT NUMBER: _____

LOCATION OF WORKSITE(S): _____

JOB TITLE: _____

STARTING DATE: _____ ENDING DATE: _____

JOB DESCRIPTION - WORK ACTIVITIES TO BE PERFORMED:

EQUIPMENT AND TOOLS TO BE USED:

EMPLOYMENT-RELATED ACTIVITIES AWAY FROM WORKSITE (DESCRIPTION OF ACTIVITY, FREQUENCY, LOCATION, MEANS OF TRANSPORTATION):

I, _____, am the parent /legal guardian (circle one) of _____
Parent/Gaurdian Name Student Name

age _____, and consent to his/her participation in the Youth Employment Program (YEP) at the above worksite from _____ through _____. This program has been fully explained to me and I hereby consent to his/her placement in this YEP program and participation in the above-described employment and related activities.

SIGNED: _____ DATE: _____
Parent/Gaurdian Name

NOTE: HIGH SCHOOL STUDENTS ARE NOT TO EXCEED 32 HOURS PER WEEK
COLLEGE STUDENT NOT TO EXCEED 40 HOUTS PER WEEK

WHITE ROCK CHAPTER WORKSITE AGREEMENT

NAME/ADDRESS OF ORGANIZATION: _____

PHONE/FAX #: _____

SUPERVISOR(S): _____

ACTUAL LOCATION OF WORKSITE: _____

ALTERNATE SUPERVISOR(S): _____

NAME OF PARTICIPANT: _____

AGREEMENT PERIOD: _____

JOB TITLE: _____

WORKING DAYS: _____

DESCRIBE EQUIPMENT AND TOOLS ON HAND TO PERFORM WORK:

STATEMENT OF WORK (as noted in provision)
DESCRIBE WORK ACTIVITIES TO BE PERFORMED:

INDICATE WORK
HOURS:

AUTHORIZED SIGNATURE:

WORKSITE OFFICIAL: _____

DATE: _____