

**WHITE ROCK CHAPTER
PEP DOCUMENTS LIST**

Name: _____

Date: _____

Position: _____

Rec'd By: _____

Complete: Yes No

FULL TIME

- COMPLETE EMPLOYMENT APPLICATION *
- LETTER OF INTEREST
- CURRENT RESUME
- COPY OF SS CARD
- COPY OF CIB
- COPY OF VOTER REGISTRATION
- COPY OF DRIVER'S LICENSE

TEMPORARY (2 DAYS OR LESS)

- COPY OF DRIVERS LIC.
- COPY OF SS CARD
- COPY OF VOTER REGISTRATION
- FOOD HANDLERS PERMIT (If Needed)*

UPON EMPLOYMENT

- W-4
- PERSONNEL ACTION FORM
- NEW MEXICO HIRE FORM
- 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 PARENTS 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 MORAL TURPITUDE? YES NO IF YES, GIVE DATE AND REASON. INVOLVING

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

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 _____

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)		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			