

Klagetoh Chapter

Summer Youth Employment Program

Student Name: _____ Age: _____

Name of School: _____ College ☐ HS ☐

Required Documents Checklist

- SYEP Employment Application
- Letter of Interest
- Resume
- Social Security Card
- Certificate of Indian Blood (CIB)
- State ID, Driver's License or School ID
- Proof of Enrollment
- Most recent Transcript (HS Graduates & College Students)
- Navajo Nation Voter's Registration Card
*Must be registered with **Klagetoh Chapter**. If under 18, have parent/guardian provide their card.*

Must be between the ages of 14 to 24 years old!

Must have been enrolled in the current School Year.



For DPM Use Only

THE NAVAJO NATION

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 ☐ CDL ☐ OPERATOR	CLASS: STATE	EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS	
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? ☐ YES ☐ NO		IF YES, INDICATE CENSUS NUMBER If not previously submitted, please attach copy of CIB (REQUIRED)	IF NO, STATE NATIONALITY DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? ☐ YES ☐ NO If not previously submitted, please provide a copy of DD Form 214/215		DO YOU WISH TO CLAIM VETERANS' PREFERENCE? ☐ YES ☐ NO If Yes, please attach an Application for Veterans' Employment Preference	
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION? ☐ YES ☐ NO			

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
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EDUCATION

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

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

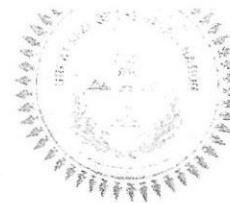
REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for. Do not repeat names of supervisors listed under work history.		
NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		
ADDITIONAL EMPLOYMENT INFORMATION		
HAVE 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		
DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * ☐ YES ☐ NO IF YES, GIVE BRIEF DESCRIPTION PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.		
* An incomplete answer will result in an incomplete application		
ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? ☐ YES ☐ NO		
NAME/ DEPARTMENT:	RELATIONSHIP:	
NAME/ DEPARTMENT:	RELATIONSHIP:	
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		
EMPLOYMENT HISTORY		
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		

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			

KLAGETOH CHAPTER

MAILING: Unit 42 HC58 Box 90
Ganado, AZ 86505

PHYSICAL: US HWY 191 Mile Post 397
Klagetoh, AZ 86505



PHONE: 928.652.2700 FAX: 928.652.2701 EMAIL: klagetoh@navajochapters.org

PRESIDENT: LAVERNE JOE

VICE PRESIDENT: LEON JACKSON

SECRETARY/TREASURER: MAUREEN WOODMAN

GRAZING OFFICER: ALLAN TAPAH

COUNCIL DELEGATE: ARBIN MITCHELL

COMMUNITY SERVICE COORDINATOR: CLARENCE CHEE

ACCOUNT MAINTENANCE SPECIALIST: VACANT

SYEP Training/Worksite Agreement

Name of Student: _____ ☐ College ☐ High School

ORGANIZATION: _____ DATE: _____

ADDRESS: _____ PHONE #: _____

JOB SITE LOCATION: _____

INFORMATION OF WORKSITE

Supervisor's Name: _____ Business Hours: _____

Title: _____ Business Days: _____

Briefly describe your Agency or Service:

INSURANCE

A student employed as "temporary status" with the Klagetoh Chapter is covered by the Navajo Nation Workers' Compensation Act, 15 N.N.C., Chapter 11.

JOB TITLE	DUTIES TO BE PERFORMED/LEARNED

Our worksite will comply with the Federal Child Labor Laws.

Worksite Representative Signature/Date

Name/Title (Print)

Klagetoh CSC Signature/Date

Name/Title (Print)

Youth (Employee) Signature/Date