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

TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS

ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?	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 **(REQUIRED)**		

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	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

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY) FROM	DATES ATTENDED (MM/YY) 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 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 PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING. * ☐ YES ☐ NO IF YES, GIVE BRIEF DESCRIPTION

*** 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

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			

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	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
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	FROM	TO	
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	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 NAVAJO NATION. MY SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE NAVAJO NATION 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, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE ______________________________ DATE ____________________

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

SYEP Training/Worksite Agreement

Name of Student: _____ ☐ College ☐ High School

ORGANIZATION: _____ **DATE:** _____
ADDRESS: _____ **PHONE #:** _____
JOBSITE 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

Revised 12/06/2023