

COPPERMINE CHAPTER

Public Employment Program Check List

Applicant's Name: _____ Date: _____

Required Documents for PEP

1. _____ Navajo Nation Voter's Card (Coppermine Chapter)
2. _____ Driver's License or State ID
3. _____ Social Security Card
4. _____ Certification of Indian Blood (CIB)
5. _____ Coppermine Chapter PEP Application

*****Please have all required documents with the PEP application. Will not accept application with missing documents. *****

Documents Checked By: _____ Date: _____

FOR OFFICE USE ONLY:

Start Date: _____

Hours Allocated: _____

Last Day: _____

COPPERMINE CHAPTER

APPLICATION FOR PUBLIC EMPLOYMENT PROGRAM



PERSONAL INFORMATION

DATE:

NAME <small>FIRST MIDDLE LAST</small>			SOCIAL SECURITY NO.		
OTHER NAMES USED IF APPLICABLE			CENSUS NO.		
MAILING ADDRESS <small>P.O. BOX CITY STATE ZIP CODE</small>			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
PHONE	DATE OF BIRTH	DRIVER'S LICENSE		STATE	EXP. DATE
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO PLEASE GIVE NATIONALITY			
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME & DEPT.					

EMPLOYMENT DESIRED

REQUISITION NO. _____ CLOSING DATE _____

POSITION	POSITION NO.	CLASS CODE	DATE AVAILABLE FOR WORK		
POSITION DESIRED	ARE YOU NOW EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER APPLIED TO THE TRIBE BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE?		WHEN?	

EDUCATION

SCHOOL NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGHSCHOOL _____			
HIGHSCHOOL _____			
COLLEGE OR UNIVERSITY _____			DEGREE(S)
COLLEGE OR UNIVERSITY _____			DEGREE(S)
TRADE, BUSINESS OR CORRESPONDENCE _____			TYPE OF TRAINING
TRADE, BUSINESS OR CORRESPONDENCE _____			TYPE OF TRAINING

OTHER TRAINING OR JOB EXPERIENCE					
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?		READ?	WRITE?	TYPING SPEED	SHORTHAND SPEED
MILITARY SERVICE: BRANCH		ENTRANCE DATE: _____ DISCHARGE DATE: _____		WPM	WPM
				DRAFT CLASSIFICATION	

THE NAVAJO NATION GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.
PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED
1			
2			
3			

MEDICAL HISTORY

LIST ANY PHYSICAL DEFECTS

NAME	ADDRESS	PHONE NUMBER
IN CASE OF EMERGENCY NOTIFY		

*** THIS SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU, DPM ***

FORMER EMPLOYERS (LAST ONE FIRST)

1	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		
2	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		
3	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		
4	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		
5	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		
6	DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER _____ _____	POSITION HELD _____	DESCRIPTION OF WORK _____
RATE OF PAY \$ _____		REASON FOR LEAVING _____		

I HEREBY AUTHORIZE THE NAVAJO NATION TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.

All persons and Organizations are released from any liability, whatsoever, as a result of providing such information as requested by the Navajo Nation in connection

SIGNATURE

DATE