

# THE TOLIKAN CHAPTER APPLICATION FOR EMPLOYMENT

EXHIBIT A

NAME:			SOCIAL SECURITY NUMBER:		
FIRST	MIDDLE	LAST			
OTHER NAMES USED IF APPLICABLE:				CENSUS NUMBER:	
MAILING ADDRESS:				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
BOX #:		CITY		STATE	ZIP CODE
PHONE NUMBER:	DATE OF BIRTH:	DRIVER'S LICENSE:	STATE:	EXPIRATION DATE:	
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO PLEASE GIVE NATIONALITY:			

REQUISITION NO.		<b>EMPLOYMENT DESIRED</b>		CLOSING DATE:	
POSITION:		POSITION NO.:	CLASS CODE:	DATE AVAILABLE FOR WORK:	
SALARY 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 NAMES(S) AND LOCATION:	YEARS ATTENDED:	DATE GRADUATED:	SUBJECT STUDIED:
HIGH SCHOOL:			
HIGH SCHOOL:			
COLLEGE OR UNIVERSITY:			DEGREE(S):
COLLEGE OR UNIVERSITY:			
TRADE, BUSINESS OR CORRESPONDENCE:			TYPE OF TRAINING:
OTHER TRAINING OR JOB EXPERIENCE:			
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?		READ:	WRITE:
		TYPING SPEED: W.P.M.	SHORTHAND SPEED: W.P.M.
MILITARY SERVICE: BRANCH		ENTRANCE DATE: _____	
		DISCHARGE DATE: _____	
		DRAFT CLASSIFICATION:	

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

**REFERENCES**

EXHIBIT B

NAME:	ADDRESS:	BUSINESS:	YEARS ACQUANTED:
1.			
2.			
3.			

**MEDICAL HISTORY**

LIST ANY FPHYSICAL DEFECTS:

IN CASE OF EMERGENCY NOTIFY:                      NAME:                      ADDRESS:                      PHONE#:

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

**FORMER EMPLOYERS**

PRESENT TO PAST

<b>1. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	
<b>2. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	
<b>3. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	
<b>4. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	
<b>5. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	
<b>6. Dates of Employment</b>	<b>Name and Address of Employer</b>	<b>Position Held:</b>	<b>Description of Work:</b>
From: _____			
To: _____			
Rate of pay: _____		Reason for leaving: _____	

I HEREBY AUTHORIZE THE TOLIKAN CHAPTER 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 Tolikan Chapter in connection with this Application for Employment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE