

APPLICANT: READ CAREFULLY. PLEASE PRINT WITH BLACK INK OR TYPE

The Kayenta Township is an Equal Opportunity Employer. It is our policy to recruit, hire and promote persons without regard to race, color, sex, religion, national origin, political affiliation, physical or mental disability or veterans' status. However, as an entity of the Navajo Nation, Navajo preference laws will apply when all other factors are equal. Give special attention to experience relative to the position for which you are apply. Be specific and thorough. Include all relevant temporary, part-time, or voluntary work. Should your answers require more spaces than that provided on this application form, you may elect to attach additional sheets of 8-1/2 X 11" white paper or providing such additional information as you deem appropriate. Please number any such sheets to correspond with the application items section being responded to.

KAYENTA TOWNSHIP – P.O. BOX 1490 – Kayenta, Arizona 86033  
Phone (928) 697-8451 – Fax (928) 697-8461 – E-mail: kayentatownship@mail.net

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: (See Job Announcement)

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Salary Expected: \_\_\_\_\_ Yr/Hr/Wk

PERSONAL INFORMATION:

1. Name: \_\_\_\_\_ 2. Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

3. Present Address: \_\_\_\_\_  
Street City State Zip Phone

4. Mailing Address (if different from above): \_\_\_\_\_  
Street or P.O. Box City State Zip

5. Message Contact: \_\_\_\_\_  
Name Address Phone #

AUTHORITY TO WORK IN THE UNITED STATES: IT IS THE KAYENTA TOWNSHIP'S INTENTION TO HIRE ONLY AUTHORIZED WORKERS. IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. ALL EMPLOYEES WILL BE REQUIRED TO PROVIDE PROOF OF WORK ELIGIBILITY AT THE TIME OF EMPLOYMENT.

AVAILABILITY: (Check as many as apply)

- |   |  |                                    |
|---|--|------------------------------------|
| 6. Types of Appointment:  | 7. Shifts Able to Work:  | 8. Schedules                       |
| <input type="checkbox"/> Regular <input type="checkbox"/> Emergency | <input type="checkbox"/> Day <input type="checkbox"/> Night        | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Temporary <input type="checkbox"/> Other   | <input type="checkbox"/> Evening <input type="checkbox"/> Rotating | <input type="checkbox"/> Part-Time |
| (Specific) _____  | <input type="checkbox"/> Any                                       |                                    |

9. Will you accept a position that requires you to work weekends or holidays?  Yes  No

10. Would you be willing and able to travel if required?  Yes  No

11. Have you been known to previous employers/schools/references by any other name?  Yes  No

If YES, please provide name(s): \_\_\_\_\_

12. Are you presently or have you previously worked for the Kayenta Township?

Yes  No

If YES, give Dates, Title and Department: \_\_\_\_\_

13. Are you in any way related (i.e. blood, marriage, adoption, etc.) to any individual presently employed by Kayenta Township or a Current Member of the Kayenta Township Commission?

Yes  No

If YES, give name and relationship: \_\_\_\_\_

14. LICENSES: Indicate type and license, registration or certification number and the state where issued (include driver's license) \_\_\_\_\_

15. Are you at least 18 years of age?  Yes  No

16. Have you been convicted of any violation (felony/misdemeanor) or Federal, State, Military or Local law in the last ten (10) years:  Yes  No

17. Have you been discharged or requested to resign or resigned in lieu of termination from any position for misconduct or unsatisfactory service in the last five (5) years?  Yes  No

If YES, explain \_\_\_\_\_

NOTE: Responding "YES" to questions 16 or 17 does not constitute an automatic bar to employment.

**HISTORY OF EDUCATION**

18. Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

19. Do you have a High School Diploma/GED?  Yes  No Date Graduated? \_\_\_\_\_

20.

NAME OF SCHOOL AND LOCATION	CREDIT HRS. COMPLETED	DEGREE EARNED	MAJOR	YEAR RECEIVED
High School				
College or University				
College or University				
College or University				
Business, Vocational or Technical				
Other				

**OFFICE SKILLS**

21. Specify office machines you can operate and years of experience: \_\_\_\_\_

\_\_\_\_\_

Typing (WPM) \_\_\_\_\_ Shorthand or Equivalent (WPM) \_\_\_\_\_

22. Specify computer equipment and software you can operate; and years of experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Specify word processing, spreadsheet and other computer software you can use \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. List any other training, licenses, certifications, bilingual language(s) or experience which you feel is important \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**25. EMPLOYMENT HISTORY:** Beginning with your present or most recent position and working backward. List your work history for the past ten (10) years. Attach additional sheets if more space is needed. If more than one position has been held with the same employer, list each separately. Even if you submit resume, you must still complete this section. **IN FULL, FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED.**

NAME OF EMPLOYER	DUTIES:
ADDRESS:	
Street	
City State Zip	
SUPERVISOR'S NAME/TITLE/PHONE#	
YOUR TITLE	
ENDING SALARY: _____ Yr./Hr./Wk.	IF YOU SUPERVISED OTHERS, SHOW NUMBERS AND TITLES.
EMPLOYMENT DATES: From _____ To _____	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> # Hrs. Worked Per Week: _____	REASON FOR LEAVING

NAME OF EMPLOYER	DUTIES:
ADDRESS:	
Street	
City State Zip	
SUPERVISOR'S NAME/TITLE/PHONE#	
YOUR TITLE	
ENDING SALARY: _____ Yr./Hr./Wk.	IF YOU SUPERVISED OTHERS, SHOW NUMBERS AND TITLES.
EMPLOYMENT DATES: From _____ To _____	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> # Hrs. Worked Per Week: _____	REASON FOR LEAVING

NAME OF EMPLOYER	DUTIES:
ADDRESS:	
Street	
City State Zip	
SUPERVISOR'S NAME/TITLE/PHONE#	
YOUR TITLE	
ENDING SALARY: _____ Yr./Hr./Wk.	IF YOU SUPERVISED OTHERS, SHOW NUMBERS AND TITLES.
EMPLOYMENT DATES: From _____ To _____	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> # Hrs. Worked Per Week: _____	REASON FOR LEAVING

26. May we contact your employer/supervisors?  Yes  No

Indicate Exceptions & Reasons:

**27. MILITARY SERVICE:**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Duties: \_\_\_\_\_

28. Are there any background factors that might interfere with your bondability?  Yes  No  
(If Yes, List and explain on a separate sheet).

29. The facts set forth in this application for employment are true and complete. I understand that any falsification of fact set forth herein may constitute cause for removal of my application from the selection process, or, if already hired, constitutes grounds for my dismissal. Kayenta Township has my permission to contact my previous employers and make such other inquiries may deemed appropriate by Kayenta Township to determine my suitability for employment for the position for which I am applying. I recognize that any and all inquiries made by Kayenta Township, its officers or assignees, and any verbal or written statements gathered therefrom shall remain solely the property of Kayenta Township and shall not be subject to or available for my reviews. By my signature, I agree to indemnify and hold harmless Kayenta Township, its officers and assignees from any cause of action either civil or criminal for any actions out of such initial or ongoing inquiries into my continuing suitability for employment as Kayenta Township may conduct.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_