

THE NAVAJO NATION

Employment Application for Navajo Nation Board, Committee & Commission Members



PERSONAL INFORMATION			
SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS (P.O. BOX OR STREET ADDRESS)	
DRIVER'S LICENSE NUMBER	STATE	CITY	
EXPIRATION DATE (MM/DD/YYYY)	DATE OF BIRTH (MM/DD/YYYY)	STATE	ZIP CODE

BOARD/COMMITTEE/COMMISSION INFORMATION		
Are you a Board Member? <input type="checkbox"/> YES <input type="checkbox"/> No <i>(If No, leave this section blank.)</i>		Name and Address of the Board(s) on which you presently serve
TERM BEGIN DATE	TERM END DATE	
TERM BEGIN DATE	TERM END DATE	Name and Address of the Board(s) on which you presently serve
Are you a Committee/Commission Member? <input type="checkbox"/> YES <input type="checkbox"/> No <i>(If No, leave this section blank.)</i>		Name and Address of the Committee(s)/Commission(s) on which you presently serve
TERM BEGIN DATE	TERM END DATE	
TERM BEGIN DATE	TERM END DATE	Name and Address of the Committee(s)/Commission(s) on which you presently serve

EMPLOYMENT INFORMATION	
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION? <input type="checkbox"/> YES <input type="checkbox"/> No <i>(If "No", leave this section blank.)</i>	
NAME OF CURRENT EMPLOYER	EMPLOYER ADDRESS
JOB TITLE	SUPERVISOR'S NAME AND CONTACT NUMBER

PER THE NAVAJO NATION PERSONNEL POLICIES MANUAL WAS APPROVAL FOR SECOND OR OUTSIDE EMPLOYMENT OBTAINED? *(IF YES, ATTACH COPY OF APPROVAL MEMO)* YES No

CERTIFICATION	
I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE _____	DATE _____