

# 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

<b>Are you a Board Member?</b> <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	
<b>Are you a Committee/Commission Member?</b> <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

<b>ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION?</b> <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

### 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 \_\_\_\_\_