



THE NAVAJO NATION SHOPPING CENTERS, INC.

APPLICATION FOR EMPLOYMENT

DATE:

PERSONAL INFORMATION

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

EMPLOYMENT DESIRED

POSITION:		DATE AVAILABLE FOR WORK:	
SALARY DESIRED:	ARE YOU NOW EMPLOYED?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED TO NNSCI BEFORE?		WHERE?	WHEN?

EDUCATION

SCHOOL NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?		READ?	WRITE?	TYPING SPEED	SHORTHAND SPEED
MILITARY SERVICE: BRANCH		ENTRANCE DATE: DISCHARGE DATE:		DRAFT CLASSIFICATION	

THE NAVAJO NATION SHOPPING CENTERS, Inc., GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO PREFERENCE IN EMPLOYMENT ACT.

PLEASE PRINT ALL INFORMATION

REFERENCES

NAME	Address	Business	Years Acquainted
1			
2			
3			

MEDICAL HISTORY

LIST ANY
PHYSICAL DEFECTS
IN CASE OF
EMERGENCY NOTIFY

SECTION MUST BE COMPLETE, DO NOT INDICATE "SEE RESUME OR ATTACHMENT"

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 SHOPPING CENTERS, Inc., 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 Shopping Centers, Incorporated in connection with this Application for Employment.

Date

Signature