

BECENTI CHAPTER

**Application Requirements
SUMMER YOUTH EMPLOYMENT PROGRAM
PUBLIC EMPLOYMENT PROGRAM**

ALL Applicant(s)

The Becenti Chapter encourages students to strive in the world of work independently. Therefore, student(s) applying for employment must submit all necessary documents to Chapter Administration whom will be in direct contact with individual(s).

1. Must submit a Becenti Chapter employment application, required documents and must be attending High School (ages 14-17) and/or College (ages 18-24) to be considered. Chapter has limited funds available at this time only **one person per household** will be considered.
2. Any application received after the position closing date will not be accepted.
3. The application form must be filled out completely, signed and dated. A ***copy of SS Card, CIB, and Voter Registration (must be registered at least 03 months). Letter of interest, verification of Enrollment for Fall-2019 and a resume'*** are required and cannot be substituted for the application form. Applicant under the age of 17 must have at least one parent Voter Registration (must be registered at least 3 months).
4. Assessments are done on all applicants to determine if they possess the qualifications required for the position. Assessments will be based upon information provided on the application by the Chapter Coordinator.
5. Any mailed applications must be postmarked on or before the closing date. **Faxed Applications will NOT be accepted.**

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CHECK LIST (ATTACHMENTS)

_____ Application	_____ Letter of Interest
_____ Social Security Card/CIB	_____ Resume'
_____ Current Voter Registration Card (If under 18, a parent must be registered)	_____ School and/or College Verification

Comments: _____

DEADLINE TO SUMMIT APPLICATION JUNE 14, 2019 4:30 p.m. NO EXCEPTIONS!

ORIENTATION WILL BE ON MONDAY, JUNE 24, 2019 @ 9 AM



THE NAVAJO NATION BECENTI CHAPTER EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME:	FIRST	M.I.:	SOCIAL SECURITY NUMBER:	CENSUS NUMBER:
OTHER NAMES USED IF APPLICABLE:				
ADDRESS:	CITY	STATE	ZIP CODE	
DATE OF BIRTH: (Month/Day/Year)	Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> (must complete)	
TELEPHONE NUMBERS: Home: <input type="checkbox"/> Work: <input type="checkbox"/> Message: <input type="checkbox"/>				
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, give Nationality			ARE YOU A CURRENT MEMBER OF BECENTI CHAPTER? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, Which Chapter?	
ARE YOU RELATED TO ANYONE EMPLOYED AT BECENTI CHAPTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Name/Title:				

POSITION APPLYING

POSITION APPLYING FOR: CHECK ONLY ONE!					
Supervisor <input type="checkbox"/>	Laborer <input type="checkbox"/>	Cook <input type="checkbox"/>	Maintenance/Custodian <input type="checkbox"/>	Office Aide <input type="checkbox"/>	Summer Youth Employment <input type="checkbox"/>
Other: _____		Are you presently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>		May we contact your Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone: _____	
Have you ever worked for the Becenti Chapter? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?					

EDUCATION

School Name and Location	Year(s) attended	Date Graduated	Major Course of Study
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
BUSINESS/TRADE			
Other training or Job Skills that relate to the position you are applying for?			
What language do you frequently speak? English <input type="checkbox"/> Navajo <input type="checkbox"/> Read: _____ Write: _____			Typing Speed WPM
			Shorthand Speed WPM

MILITARY SERVICE

VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Branch of Military Services:	Entrance	
Date:		
HONORABLE DISCHARGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	Discharge	
Date:		

WORK EXPERIENCE

DATE & MONTHS OF EMPLOYMENT	NAME/ADDRESS	POSITION TITLE	DUTIES & RESPONSIBILITIES
Rate of Pay:	Reason for leaving:		

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REFERENCES

NAME	ADDRESS/PHONE	BUSINESS	YEARS/KNOWN

OTHER INFORMATION

LIST ANY MEDICAL OR HEALTH PROBLEMS:	
In Case of Emergency Contact:	Telephone Number: Relationship:

APPLICANT CERTIFICATION: I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, and complete and made in good faith. I UNDERSTAND that false information on or attached to this application may be grounds for not hiring me or may be grounds for firing me after I begin work, and may be punishable. I UNDERSTAND that any information I give may be investigated.

Signature of Applicant

Date Signed