

NAHATA DZIIL COMMISSION GOVERNANCE
EMPLOYMENT OPPORTUNITIES
ADMINISTRATIVE ASSISTANT

- ___ Must submit a Letter of Interest and Updated Résumé along with application.
- ___ Must have Valid Arizona Driver's License and Social Security Card.
- ___ ***High School Diploma/GED Required.***
- ___ ***AAS or BA in Business Administration (preferred) or must*** have at least (2) years of Business Administrative/Administrative Assistant experience; must be knowledgeable in ACCOUNTING as well.
- ___ Background Check preferred upon submittal of application, required.
- ___ Must be able to lift 50lbs or more. Able to work in fast paced environment which requires a lot of walking, standing and bending.
- ___ Other requirements apply but not noted.

AUTHORIZATION TO RELEASE INFORMATION
Background Check: Criminal/Traffic History (10+ years)

NAHATA DZIIL COMMISSION GOVERNANCE
POST OFFICE BOX 400
SANDERS ARIZONA 86512
PHONE: 928-688-2150
FAX: 928-688-2235
e-mail: www.nahatadziil@navajochapter.org
website: www.nahatadziil.nndes.org

May this serve as an acknowledgement that I, _____
(Print Full Name)
am giving my permission to Nahata Dziil Commission Governance to obtain my Criminal/Traffic
History or other information relating to the position. Information obtained will help
determine my eligibility for the position which I have applied for.

(Applicants Signature)

(Today's Date)

(Mailing Address)

(Census Number)

(Social Security Number)

(Date of Birth)

xc: file/subject



NAHATA DZIL COMMISSION GOVERNANCE

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

| | | | | |
|--|---------------|-------------------------------|-------------------------------|---------------------------------|
| NAME FIRST MIDDLE LAST | | | SOCIAL SECURITY NO. | |
| OTHER NAMES USED IF APPLICABLE | | | CENSUS NO. | |
| MAILING ADDRESS | | | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| PHONE | DATE OF BIRTH | DRIVER'S LICENSE | STATE | EXP. DATE |
| 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

REQUISITION NO.: _____ CLOSING DATE: _____

| | | | |
|--|--|---|-------------------------|
| POSITION | POSITION NO. | CLASS CODE | DATE AVAILABLE FOR WORK |
| SALARY DESIRED | ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| HAVE YOU EVER APPLIED TO THIS CHAPTER BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | WHAT POSITION(S)? | WHEN? |

EDUCATION

| SCHOOL NAMES AND LOCATION | YEARS ATTENDED | DATE GRADUATED | SUBJECTS STUDIED |
|-----------------------------------|----------------|----------------|------------------|
| HIGH SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | DEGREE(S) |
| COLLEGE OR UNIVERSITY | | | |
| TRADE, BUSINESS OR CORRESPONDENCE | | | TYPE OF TRAINING |
| OTHER TRAINING OR JOB EXPERIENCE | | | |

| | | | | |
|---------------------------------------|----------------|-----------------|----------------------|------------------------|
| WHAT LANGUAGES DO YOU SPEAK FLUENTLY? | READ? | WRITE? | TYPING SPEED W.P.M. | SHORTHAND SPEED W.P.M. |
| MILITARY SERVICE: BRANCH | ENTRANCE DATE: | DISCHARGE DATE: | DRAFT CLASSIFICATION | |

THE NAHATA DZIL COMMISSION GOVERNANCE GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT. PLEASE PRINT ALL INFORMATION

REFERENCES

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| | | | |
| | | | |
| | | | |

MEDICAL HISTORY

LIST ANY
PHYSICAL DEFECTS

| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|
| | | |

IN CASE OF
EMERGENCY NOTIFY

*** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT." THANK YOU, NDC ***

FORMER EMPLOYERS

LAST ONE FIRST

| | | | |
|----------------------------|-------------------------------------|----------------------|----------------------------|
| Dates of Employment | Name and Address of Employer | Position Held | Description of Work |
| From | | | |
| To | | | |
| Rate of Pay \$ | | Reason for leaving | |
| Dates of Employment | Name and Address of Employer | Position Held | Description of Work |
| From | | | |
| To | | | |
| Rate of Pay \$ | | Reason for leaving | |
| Dates of Employment | Name and Address of Employer | Position Held | Description of Work |
| From | | | |
| To | | | |
| Rate of Pay \$ | | Reason for leaving | |
| Dates of Employment | Name and Address of Employer | Position Held | Description of Work |
| From | | | |
| To | | | |
| Rate of Pay \$ | | Reason for leaving | |
| Dates of Employment | Name and Address of Employer | Position Held | Description of Work |
| From | | | |
| To | | | |
| Rate of Pay \$ | | Reason for leaving | |

I HEREBY AUTHORIZE THE NAHATA DZIIL COMMISSION GOVERNANCE 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 Nahata Dziil Chapter in connection with this Application for Employment.

DATE

SIGNATURE