



NAVAJO HOUSING AUTHORITY

EMPLOYMENT APPLICATION

Applicant Information

The Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

Date: _____

First Name

Last Name

Middle Initial

Mailing Address

City

State

Zip Code

Date of Birth

Cell/Phone

Email

Social Security #: _____

Other names used? _____

Do you have a valid Driver's License? Yes No

Are you 18 years of age? Yes No

Driver's License Number

Class

State

Expiration Date
(MM/DD/YYYY)

Tribe Affiliation

If yes, indicate census number

If no, state your nationality

Languages Spoken: _____ Language Written: _____ Sex: Female Male

I choose to not self-identify

Position Information

Vacancy Number

Position Title

Department

Employment Preferences

Position Desired

\$ _____ Hour Salary
Desired Pay (U.S Dollar Amount) (dddd.cc)

Employment Desired: Full-Time Part-Time Temporary/Seasonal Internship Volunteer

Are you willing to Travel? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

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Additional Information

Have you ever been convicted of a felony? Yes No List convictions that are a matter of public record (arrest are not convictions)
A conviction will not necessarily disqualify you for employment.

If yes County/State you were convicted in? _____

Have you worked for NHA before? Yes No If yes, in what capacity: _____

Are you related to anyone currently employed with NHA? Yes No

Name _____ Department: _____ Relationship: _____

Military Service

Are you a Veteran? Yes No If yes, DD-214 Required

Branch: _____ From: _____ To: _____

If other than honorable, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma/GED: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Certificates: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Certificates: _____

Describe any specialized training, apprenticeships, etc.

Previous Employment

Do not indicate "See Resume". (Begin with current or most recent position.)

Employer 1

Company: _____ Phone: _____

Address: _____ Supervisor/Title: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

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Start Date: _____ End Date _____ May we contact? Yes No

Reason for leaving or seeking other employment?

Brief description of job:

Employer 2

Company: _____ Phone: _____

Address: _____ Supervisor/Title: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: _____ End Date _____ May we contact? Yes No

Reason for leaving or seeking other employment?

Brief description of job:

Employer 3

Company: _____ Phone: _____

Address: _____ Supervisor/Title: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: _____ End Date _____ May we contact? Yes No

Reason for leaving or seeking other employment?

Brief description of job:

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Employer 4

Company: _____ Phone: _____

Address: _____ Supervisor/Title: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: _____ End Date _____ May we contact? Yes No

Reason for leaving or seeking other employment?

Brief description of job:

Summarize any special qualifications or any comments you feel are pertinent to your application.

Professional References (3)

All references should be people you've worked with or for, not personal acquaintances, friends, relatives, etc.

Full Name: _____ Relationship: _____

Company: _____ Address: _____

Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Address: _____

Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Address: _____

Phone: _____ Email: _____

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Disclaimer and Signature

I understand that any false statements in this application may be cause for rejection or termination of my employment with the Navajo Housing Authority (NHA). I also grant permission to NHA to investigate my former employers and references to release information about me to NHA. In consideration of my potential employment with NHA, I absolve NHA, former employers, and references from any liability with respect to providing information about me, including my employment and attendance records and reasons for termination. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by NHA and myself in writing. Navajo Housing Authority (NHA) may obtain information about you from a reporting agency for employment purposes. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. Please be advised that the nature and scope of the most common form of investigative report obtained with regard to applicants for employment is an investigation into your education and/or employment history. The scope of this notice and authorization is all-encompassing, however, allowing NHA to obtain from any outside organization all manner of investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative report.

Acknowledgement and Authorization

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand both of those documents. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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Signature: _____

Date: _____

Print Name: _____