



MEXICAN SPRINGS CHAPTER

YOUTH - Employment Application

PLEASE PRINT ALL INFORMATION

FOR OFFICE USE ONLY:

AGE OF YOUTH: _____
 NAME OF PARENT(S) _____
 High School or College Student

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER		FIRST NAME	MIDDLE INITIAL	LAST NAME	
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS		CITY	STATE ZIP CODE
DRIVER'S LICENSE NUMBER	TYPE	<input type="checkbox"/> CDL	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
		<input type="checkbox"/> OPERATOR			
TELEPHONE NUMBER	MESSAGE NUMBER		E-MAIL ADDRESS		
ARE YOU/PARENT(S) A REGISTERED VOTER WITH THE CHAPTER?		IF YES, INDICATE CENSUS NUMBER		IF NO, YOU ARE NOT ELIGIBLE	DATE OF BIRTH (MM/DD/YYYY)
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A VETERAN?		DO YOU WISH TO CLAIM VETERANS' PREFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
If not previously submitted, please provide a copy of DD Form 214/215		If Yes, please attach an Application for Veterans' Employment Preference			
ARE YOU CURRENTLY EMPLOYED?		WHERE ARE YOUR EMPLOYED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

POSITION INFORMATION

POSITION TITLE:	START DATE:	SALARY DESIRED:

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

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

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.

Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED OR OFFICIAL WITH THE CHAPTER? YES NO

NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

EMPLOYMENT HISTORY

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

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		

DESCRIBE DUTIES AND RESPONSIBILITIES

PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE MEXICAN SPRINGS CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE MEXICAN SPRINGS CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE MEXICAN SPRINGS CHAPTER TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____ DATE _____