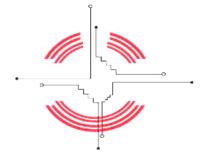
Applicant Name	Vacant Position Title
NAVAJO TECHNI Human Resources Department PO Box 849	CAL UNIVERSITY Crownpoint, NM 87313 (505) 387-7369/7368
To Apply:1. View positions by clicking on the Faculty & Staff, then section) at the Navajo Technical University's website a	click on Human Resources in the drop down menu (red it www.navajotech.edu. Search positions by clicking one of ww.navajotech.edu/faculty-staff/human-resources
 a. NTU Employment Application b. Letter of Interest c. Resumé/Curriculum Vitae d. Copies of Transcripts e. Copies of Diplomas and/or Certificates, Licenses f. Professional References – Active/Current Telephone Number and Email 	 g. COVID-19 Vaccination Record Card h. Certificate of Indian Blood – CIB i. DD 214 Form – Certificate of Release or Discharge Form (<i>If claiming Military Service</i>) j. NTU Student Positions only – Current Class Schedule, Copy of State I.D./Driver License AND SS Card
 Send your application and all additional documents via documents via US mail, send to: NAVAJO TECHNICAL UNIVERSITY Attn: Human Resources Department Post Office Box 849 Crownpoint, New Mexico 87313 	
	pleted by circling your answer
Physical Address: Navajo Technical University Human Resources Department Administration Building No. 13 Lower Point Road/State Highway 371 North Crownpoint, New Mexico 87313	FOR OFFICE USE ONLY COMPLETE DATE & INITIAL Rev 12/13/2021



APPLICATION FOR EMPLOYMENT

Navajo Technical University PO Box 849

Crownpoint, New Mexico 87313-0849

Phone: 505 387 387 7369 Email: hr@navajotech.edu

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, marital status, or any other legally protected status. Navajo Technical University complies with the Navajo Preference in Employment /act, and is a drug, alcohol, and tobacco free workplace.

Position Title:		Today's Date:			
Date Available for Work:	Minimu	ım Acceptable Salary:			
How did you learn about this position?	vajo Tech Website 🗖 Internet 🗖 Newsp	paper Friend/Employee	Other		
CONTACT INFORMATION					
First Name, Middle Initial	Last Name	Ema	ail Address		
Permanent Mailing Address	City	State	Zip Code		
Home / Cell Phone No.	Work / Cell Phone No.	Social Social	ırity Number		
Tione / Cell Flione No.	Work / Cell Filotie No.	Social Secu	nty Number		
Driver's License No.	State	Expiration [Date		
Emorgona, Contact	Dolation	Phone No			
Emergency Contact	Relation	Priorie No			
General Information		I			
Are you under 18 years of age or still in high s number of working hours.)	chool? (Employees under 18 years of age may have	restrictions on types of work and	Yes No		
Have you ever been employed at Navajo Tech	nnical University? (formerly CIT or NTC)		☐ Yes ☐ No		
Are you related to anyone currently working for	,		Yes No		
Name:	Dept.				
4. Are you a U.S. citizen or legally authorized					
to work in the U.S.?	Yes No -What is your residency/vis		_ '		
5. Have you ever been convicted* of any crim traffic violations, juvenile offenses)? *A co	nviction includes a plea of guilty, nolo conte	nd ere or Alford, or finding a			
verdict of guilt, regardless of whether judgmen the nature of the conviction(s), date(s) or occu					
automatically disqualify you from consideration	•				
6. Are you an enrolled member of the Navajo Tri	be, eligible for employment preference?	Yes - Census No:	No		
7. Are you willing to travel if this job requires it?			Yes No		
8. Are you currently under contract with any educ	cational institution?		Yes No		
9. Schedule you are willing to work:	Time (40 hours per week) Part Time -	No. of Hours:	Shift Overtime		

Education					
High school name and full address		Diploma Type Awarded			Date Graduated
		☐ Diploma ☐ GED ☐ None			
		Diploma		SED None	
Institution Name and full address	Degree/Certificate Type		Date	s Attended	Date Graduated
Military Service: Branch			Entra	ance Date	Discharge Date
Licensure, Registration, Certific	ation: Examples - Teachin	g Certificate, R.	N., C.P	A., First Aid, Foo	od Handlers, etc.
Type	Number	Expiration	Date	Issuer	
Additional Information					
Computer skills: Please list software and hardware used.					
Additional Job-Related Knowledge, Skills, And Abilities.					
Additional 305 Related Rilowicage, Skills, And Abilities.					
Other Job-Related Trainings: (Technical, Quality, Skills, Soft Skills, Professional, Team, and Safety)					
Publications and/or Professional, Trade, Business, or Civic activities. (You may exclude any membership that would					
reveal gender, race, religion, national	origin, age, ancestry, or a	ny other prote	cted s	status.)	

EMPLOYMENT HISTORY *** SECTION BELOW MUST BE COMPLETED ENTIRELY, DO NOT INDICATE "SEE RESUME" OR "SEE

ATTACHMENT". Describe your work experience in detail, beginning with your current or most recent job. Include military service and any internship or volunteer work. If applicable, indicate the number and titles of employees supervised. Use a block to explain each gap in employment. If needed, attach additional sheets using the same format. You may use a resume to substitute for the section on job duties, but all other information must be completed. **Your work history should cover the past 10 years.**

Please indicate if you worked under a different name 1 Name of Present or Last Employer Address Your Job Title Supervisor's Name Phone Number, May We Contact? □ Yes ☐ No **Dates of Employment** Rate of Pay Work Hours Per Week ☐ Per Hour ☐ Annual From: To: **Duties and Responsibilities** Reason for Leaving Please indicate if you worked under a different name: Address 2 Name of Present or Last Employer Supervisor's Name Your Job Title Phone Number, May We Contact?] Yes ☐ No **Dates of Employment** Rate of Pay Work Hours Per Week ☐ Per Hour ☐ Annual From: To: **Duties and Responsibilities** Reason for Leaving

Please indicate if you worked under a different name:

3 Name of Present or	Last Employer	Address		
Your Job Title		Supervisor's Name	Phone Number	, May We Contact?
				☐ Yes ☐ No
Dates of Employment		Rate of Pay		Work Hours Per Week
From:	To:		☐ Per Hour ☐ Annual	
Duties and Responsibili	ities			
Reason for Leaving				
Please indicate if you work	ed under a different n	amo:		
•	ca anaci a amerenen	airie		
4 Name of Present or		Address		
			Phone Number	, May We Contact?
4 Name of Present or		Address	Phone Number	☐ Yes
4 Name of Present or Your Job Title		Address Supervisor's Name	Phone Number	☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment	Last Employer	Address		☐ Yes
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name	Phone Number ☐ Per Hour ☐ Annual	☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Present or Your Job Title Dates of Employment From:	Last Employer To:	Address Supervisor's Name		☐ Yes ☐ No

					Page
lease indicate if yo	u worked under a diffe	erent name:			
5 Name of Pres	ent or Last Employe	r Address			
Your Job Title		Supervisor's Name		Phone Number,	May We Contact?
					☐ Yes ☐ No
Dates of Employ	ment	Rate of Pay	I		Work Hours Per Week
From:	To:		☐ Po	er Hour 🗌 Annual	
Duties and Resp	onsibilities				
Reason for Leavi	ina				
	9				
rofessional	References				
Name		Active/Current Telephone Nu	ımber	Active/Current Ema	ail Address
Certification					
-		provided is true and complete. I u tions on this application or provid			_
		orther consideration for employments		-	
at a later dat	• •	. ,		,	
	_	f any or all information contained			
-	•	ether listed or not, any person, so information and opinions that m	-		
_		tions from any legal liability in m	-	_	nig decision. 1
	•	sed to consider me for the position	_		will not be retained
		t or future vacancies. If I want t	o be co	onsidered for another	position, I
understand t	hat I will be required	to submit another application.			

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Signature_____ Date____