Applicant Name	Vacancy Title
	TECHNICAL UNIVERSITY PO Box 849 Crownpoint, NM 87313 505.786.4114 / 4109
	d to enhancing the diversity of the University faculty and staff while at the ovisions of the Navajo Nation Employment Preference Act.
To Apply:	0
resources to review position descriptio 2. Complete your application for posted panswer each section fully and accurate	positions by entering your information directly on the electronic form. Please
a. NTU Application b. Letter of Interest c. Resumé / Curriculum Vitae d. Copies of Transcripts e. Copies of Diplomas and/or f. (3) Letters of Recommenda LOR #1: Date 4. Send your application and all addition documents via US mail, send to: Attn: Human Resources Dep Navajo Technical University PO Box 849	Licenses ation (within 1 year) LOR #2:
Crownpoint, NM 87313	
Notice to Applicants: • Please ensure "General Inform • Unofficial Transcripts are accionate application packed Department	mation" section is compeleted by circling your answer epted with applications and must have the confirmed date. ets will not be accepted for review by the Human Resources cation for each position. Photocopies with original signatures are
Mailing Address	FOR OFFICE USE ONLY

Mailing Address: Navajo Technical University Human Resources Department Post Office Box 849 Crownpoint, New Mexico 87313

Physical Address:

Navajo Technical University Human Resources Department Administration Building No. 13 Lower Point Road/State Highway 371 Crownpoint, New Mexico 87313

rev 7/13/17 1

COMPLETE

DATE & INITIAL

APPLICATION FOR EMPLOYMENT



Navajo Technical University PO Box 849

Crownpoint, New Mexico 87313-0849

Phone: 505 786 4114 / 4109 Email: hr@navajotech.edu

We consider applicants for all positions 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 Navajo Preference in Employment Act, and is a drug, alcohol, and tobacco free workplace

Position Title:								Today's Date) :		
Date Available for Work: Minimum Acceptable Salary:											
How did you learn about this position? Newspaper Internet Friend/Employee Other											
CONTACT INFORMATION	N										
First Name, Middle Initia	al		Last Nam	е					Email	l	
Mailing Address			City					State	,	Z	Zip Code
Home/Cell Phone Numb	oer	Wor	k/Cell Phor	ne N	lumber			Social	Security	/ Numb	oer
Driver's License Number	er	State			Expiration Date						
Emergency Contact			Relation	on				Pł	hone Nu	mber	
OFNERAL INCORMATION											
1. Are you under 18 years o	f age or still in h										
Employees under 18 year 2. Have you ever been emp						nber of wo	orking I	nours.	Yes Yes		No No
 Are you related to anyone 	-					ırtment.			Yes		No
Name			Dept.	-							
4. Are you are U.S. citizen o	or legally authori	ized to work in th	ne U.S.?						Yes		No
What is your residen	ncy/visa status?				Exp. Date			*	Oleace ci	ıhmit c	conv of visa
Have you ever been convicted* of any, charges, crime(s) and/or are any charges pending against you (other than minor traffic violations, juvenile offenses)? *A conviction includes a plea of guilty, nolo contendere or Alford, or finding a verdict of guilt, regardless of whether judgment or sentence is imposed. If yes, please attach a separate page listing the nature of the conviction(s), date(s) or occurrence and state(s) in which it/they occurred. A conviction does not automatically disqualify you from consideration.)											
6. Are you an enrolled mem If yes, enter your census/		jo Tribe eligible	for employn	nen	t preferenc	ce?			Yes		No
			Num.								
7. Are you willing to travel if	this job requires	s it?							Yes		No
8. Are you currently under contract with any educational institution?					Yes		No				
9. Schedule you are willing t	to work:		Numbe	er of	Hours:						

EDUCATION							
1. High School Name		Diploma Awarded	Dates Attended/Graduated				
2. Institution Name		Degree/Diploma Awarded					
Institution City and State/Phone Number		Dates Attended	Date Graduated				
3. Institution Name		Degree/Diploma Awarded					
Institution City and State/Phone	Number	Dates Attended	Date Graduated				
4. Institution Name		Degree/Dip	loma Awarded				
Institution City and State/Phone Number		Dates Attended	Date Graduated				
5. Military Service: Branch		Entrance Date	Discharge Date				
LICENSURE, REGISTRATION, CE	RTIFICATION: Te	aching Certificate, R.N., Etc					
Туре	Number	Expiration Date	Issuer				
Additional Information							
Computer Skills: Please List Software and Hardware Used.							
Additional Job-Related Knowledge, Skills, and Abilities							

EMPLOYMENT HISTORY ***This section below must be completed entirely; do not indicate 'see resume'

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 title 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 at least the past 10 years. Please indicate if you worked under a different name.

1 Current Employ	er	Address				
Position Title	# People Supervised	Supervisor's Name	Phone Number/May We Contact?			
			Yes No			
Dates of Emloyment		Rate of Pay	Hours Per Week			
From: To:						
Duties and Responsibilities:						
Reason for Leaving						
2 Name of Employer		Add	dress			
Position Title	# People Supervised	Supervisor's Name	Phone Number/May We Contact?			
			Yes No			
Dates of Emloyment		Rate of Pay	Hours Per Week			
From: To:						
Duties and Responsibilities:						
Reason for Leaving						
Reason for Leaving						
Reason for Leaving Name of Employer		Add	dress			
		Ade	dress			
	# People Supervised	Add Supervisor's Name	dress Phone Number/May We Contact?			

Dates of Emloyment		Rate of Pay	Hours Per Week			
From: To:						
Duties and Responsibilities:						
Reason for Leaving						
4 Name of Employer		Ad	dress			
Position Title	# People Supervised	Supervisor's Name	Phone Number/May We Contact?			
			Yes No			
Dates of Emloyment		Rate of Pay	Hours Per Week			
From: To:						
Duties and Responsibilities:						
Reason for Leaving						
5 Name of Employer		Ad	dress			
Position Title	# People Supervised	Supervisor's Name	Phone Number/May We Contact?			
			Yes No			
Dates of Emloyment		Rate of Pay	Hours Per Week			
From: To:						
Duties and Responsibilities:						
Reason for Leaving						

6 Name of Employer		Address				
Position Title	# People Supervised	Supervi	sor's Name	Phone Number/May We Contact?		
				Yes No		
Dates of Emloyment		Rate	e of Pay	Hours Per Week		
From: To:						
Duties and Responsibilities:						
Reason for Leaving						
PROFESSIONAL REFEREI	NCES					
Name	Address		Te	elephone & Email		
Name	Address		Te	elephone & Email		
Name	Address		elephone & Email			
CERTIFICATION						
I certify that the informat misleading statements, or writing during the selection may result in my dismissa	missions or falsifications on process will disqualify	on this appl me from fur	lication or provi	ded verbally or in		
I authorize the investigative resume/CV. I also authoriemployers, and organizat making a hiring decision. such statements.	ze, whether listed or not, ions to provide relevant i	any person nformation a	, school, currer and opinions tha	nt employer, past at may be useful in		
This application shall only be used to consider me for the position listed on the first page. It will not be retained on file to be used for other current or future vacancies. If I want to be considered for another position, I understand that I will be required to submit another application.						
I HAVE READ, UNDERSTATEMENTS.	AND AND BY MY PRINTE	D DIGITAL S	SIGNATURE, CO	ONSENT TO THESE		
Signa	 ature	L	Date			