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Applicant Name	Vacancy Title

NAVAJO TECHNICAL UNIVERSITY Application for Police Academy Adjunct Employment

Human Resources Department PO Box 849 Crownpoint, NM 87313 505.786.4114 / 4109

Navajo Technical University is committed to enhancing the diversity of the University faculty and staff while at the same time remain consistent with the provisions of the Navajo Nation Employment Preference Act.

To Apply:

- 1. View positions by clicking on one of the "Opportunities" buttons online at: www.navajotech.edu/contact/human-resources/faculty-staff-employment to review position descriptions.
- 2. Complete your application for posted positions by entering your information directly on the electronic form. Please answer each section fully and accurately.
- 3. Please ensure the following checklist is complete prior to submitting your application packet.

	a.	NTU Application
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- b. Licenses / Certificates
- 4. Send your application and licenses / certificates via email to hr@navajotech.edu or if you wish to send documents via US mail, send to:

Attn: Human Resources Dept. Navajo Technical University PO Box 849 Crownpoint, NM 87313

If you have questions or need assistance, please call 505 786 4114 / 4109 or email hr@navajotech.edu

Mailing Address:

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

Physical Address:

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

FOR OFFICE USE ONLY
COMPLETE

DATE & INITIAL

APPLICATION FOR POLICE ACADEMY ADJUNCT 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

Positio	n Title:							Today's Date:			
Date Available for Work: Minimum Acceptable Salary:											
How die	How did you learn about this position? Newspaper Internet Friend/Employee Other										
CONT	TACT INFORMATION										
	First Name, Middle Initial		Last Name	€				En	nail		
	Mailing Address		City					State		Zip Code	
	Home/Cell Phone Number	Work	/Cell Phon	e Numbe	r			Social Secu	rity Nur	mber	
	Driver's License Number		State				Expiration Date				
	Emergency Contact		Relatio	n				Phone I	Phone Number		
	ERAL INFORMATION										
1.	Are you under 18 years of age or still in h Employees under 18 years of age may ha		n types of	work and	numbe	er of workin	ıg h	ours Ye	es	No	
2.	Have you ever been employed at Navajo	Technical Univer	rsity (CIT, N	NTC)				Ye	es	No	
3.	Are you related to anyone currently worki	ing for NTU? If ye	es, state na	ame and o	lepartr	ment.		Ye	es	No	
	Name		Dept.								
4.	Are you are U.S. citizen or legally authorize	zed to work in the	e U.S.?						es	No	
	What is your residency/visa status?			Ехр. С	ate			*Please	submi	t copy 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, note contender 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.) Yes No											
6.	Are you an enrolled member of the Navaj If yes, enter your census/tribal number:	jo Tribe eligible fo	or employm	nent prefe	rence'	?			es	No	
			Num.								
7.								es	No		
8.	Are you currently under contract with any					es es	No				
9.	Schedule you are willing to work:			r of Hour	»:			`` 		110	
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EDUCATION					
1. High School Name		Diploma Awarded	Dates Attended/Graduated		
2. Institution Name		Degree/Dip	loma 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., E	itc		
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 Employer			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 Responsibilit	iies:					
Reason for Leaving						
2	Name of Employer		Ad	ddress		
2	Name of Employer		Ad	ddress		
2 Position		# People Supervised	Ad Supervisor's Name	Phone Number/May We Contact?		
		# People Supervised		Phone Number/May We Contact? Yes		
	Title	# People Supervised	Supervisor's Name	Phone Number/May We Contact?		
		# People Supervised		Phone Number/May We Contact? Yes No		
Position [*]	Title Dates of Emloyment To:	# People Supervised	Supervisor's Name	Phone Number/May We Contact? Yes No		
Position Temperature From:	Title Dates of Emloyment To:	# People Supervised	Supervisor's Name	Phone Number/May We Contact? Yes No		
Position Temperature From:	Title Dates of Emloyment To:	# People Supervised	Supervisor's Name	Phone Number/May We Contact? Yes No		

PROFESSIONAL REFERENCES							
Name	Address	Telephone & Email					
CERTIFICATION							
misleading statements, o writing during the selecti	tion provided is true and complete. I missions or falsifications on this app on process will disqualify me from fu al if discovered at a later date.						
resume/CV. I also author employers, and organizat	ize, whether listed or not, any persor tions to provide relevant information	ed in this application or in any attached n, school, current employer, past and opinions that may be useful in tions from any legal liability in making					
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, UNDERSTAND AND BY MY PRINTED DIGITAL SIGNATURE, CONSENT TO THESE STATEMENTS.							

Signature

Date