



ROUGH ROCK CHAPTER
Po Box 4344
Chinle, AZ 86503
PH: (928)728-3361 Fax: (928)728-3362

PUBLIC EMPLOYMENT PROGRAM

- Applicant must be a registered voter. *(can be verified by RRC administration)*
- Applicant must be over the age of 18 years old.
- Applicant must meet the qualification standards and able to perform essential functions of the job description.

Following required documents **MUST** be attached with application:

- _____ 1. Letter of Interest
- _____ 2. Resume
- _____ 4. Copy of Signed Social Security Card
- _____ 5. Copy of Certificate of Indian Blood
- _____ 6. Copy of Driver's License/Identification Card
- _____ 7. Copy of HS Diploma and/or GED
- _____ 8. Certifications (if applicable)
- _____ 9. Registered Voter of Rough Rock Chapter
(Verification can be verified by RRC Administration)

OFFICE USE ONLY

Date Received: _____

Complete Incomplete

Document(s) Missing: _____

Scheduled Interview Date: _____

Results: _____

Verified by: _____ Date: _____



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Public Employment Application

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Date Received

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ Phone Number: _____
 _____ Message Phone Number: _____

Social Security Number: ____ - ____ - ____ Census Number: _____ DOB: _____

Registered Voter? YES NO Veteran? YES NO If yes, will you be claiming veteran's preference? YES NO

EMPLOYMENT DESIRED

Position: _____ Date available to begin: _____

Ever applied with Rough Rock Chapter before? NO YES If yes, When? _____ Position? _____

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		GED/DIPLOMA DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
High School				
College/University				
College/University				
Technical/Vocational School				

List any training or certificates you may have: _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Address: _____
 Phone Number: _____

Have you ever been convicted of a felony? YES NO
 If yes, please provide dates and reason: _____

EMPLOYMENT HISTORY (Begin with current or most recent position)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SALARY	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES (Give below three (3) persons not related to you, whom you have known at least one year.)

	NAME	ADDRESS	BUSINESS	YEAR(S) ACQUAINTED
1				
2				
3				

THE INFORMATION THAT I PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by the Rough Rock Chapter in connection with this application for employment.

Print Name

Signature

Date