

Human Resources Department

P.O. Box 849
Crownpoint, NM 87313
(505) 387-7458/7369



Applicant Name

Vacant Position Title

Navajo Technical University is an Equal Opportunity Employer and is committed to the provisions of the Navajo Nation Employment Preference Act. We respect and seek to enhance diversity of the University's faculty and staff to build a team based on no discrimination and using our employment basis of qualifications, merits and business need.

To Apply:

1. View positions by clicking on the Faculty & Staff, then click on Human Resources in the drop down menu (red section) at the Navajo Technical University's website at **www.navajotech.edu**. Search positions by clicking one of the tabs to review the position descriptions, **https://navajotech.isolvedhire.com**

2. Please ensure the following attachments are complete prior to submitting your application packet:

- | | |
|---|--|
| <input type="checkbox"/> NTU Employment Application | <input type="checkbox"/> COVID-19 Vaccination Record Card |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Certificate of Tribal Enrollment (CIB) |
| <input type="checkbox"/> Resumé/Curriculum Vitae | <input type="checkbox"/> DD 214 Form - Certificate of Release or Discharge Form (<i>If claiming Military Services</i>) |
| <input type="checkbox"/> Copy of Transcripts (<i>Unofficial</i>) | <input type="checkbox"/> Supplemental Authorization of Release of Record (Background Check) |
| <input type="checkbox"/> Copy of Degree, Diploma, and/or Certificates, Licenses | <input type="checkbox"/> Copy of Residency/Visa Status |
| <input type="checkbox"/> Professional References (<i>Active/Current Telephone number & email address</i>) | |

3. Send your application and all additional documents **via email to hr@navajotech.edu** or if you wish to send documents via US mail, send to:

NAVAJO TECHNICAL UNIVERSITY
Attn: Human Resources Department
Post Office Box 849
Crownpoint, New Mexico 87313

If you have any questions or need assistance, please call (505) 387-7458/7369 or email hr@navajotech.edu, or Fax No. (505) 387-7522.

Notice to Applicants:

- Please ensure "General Information" section is completed by circling your answer.
- Unofficial Transcripts are accepted with applications and must have the confirmed date of graduation.

• Incomplete application packets will not be accepted for review by the Human Resources Department.

- Please submit only one application for each position. Photocopies with original signatures are acceptable.

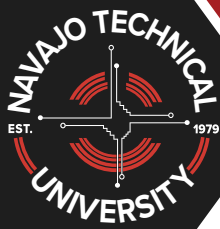
Physical Address:

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 03/06/2024



APPLICATION FOR EMPLOYMENT



Navajo Technical University

P.O. Box 849
Crownpoint, NM 87313

Phone: (505) 387-7458/7369
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: _____ Minimum Acceptable Salary: _____

How did you learn about this position? Navajo Tech Website Internet Friend/Employee
 Newspaper Other

CONTACT INFORMATION

_____	_____	_____
First Name, Middle Initial	Last Name	Email Address
_____	_____	_____
Permanent Mailing Address	City	State Zip Code
_____	_____	_____
Home/Cell Phone No.	Work/Cell Phone No.	Social Security Number
_____	_____	_____
Driver's License No.	State	Expiration Date
_____	_____	_____
Emergency Contact	Relation	Phone No.

GENERAL INFORMATION

1. Are you under 18 years of age or still in high school? (Employees under 18 years of age may have restrictions on types of work and number of working hours. Yes No
2. Have you ever been employed at Navajo Technical University? (Formerly CIT or NTC) Yes No
3. Are you related to anyone currently working for NTU? If yes, state name and department Yes No

_____	_____
Name	Department

4. Are you a U.S. citizen? Yes No
What is your residency/visa status? _____ Expires: _____

5. **Have you ever been convicted* of any 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, so please be candid. Yes No

6. Are you an enrolled member of a Federally Recognized Tribe? Yes No
Tribal Affiliation: _____ Enrollment # _____

7. Are you willing to travel if this job requires it? Yes No
8. Are you currently under contract with any educational institution? Yes No
9. Schedule you are willing to work: Full Time (40 hours per week) Shift Overtime
 Part Time - No. of Hours: _____

EDUCATION

High School Name and Full Address		Diploma Type Awarded			Date Graduated
<input type="text"/>		<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> None	<input type="text"/>
<input type="text"/>		<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> None	<input type="text"/>
Institution Name and Full Address	Degree/Certificate Type	Dates Attended		Date Graduated	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Military Service: Branch			Entrance Date	Discharge Date	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

LICENSURE, REGISTRATION, CERTIFICATION: EXAMPLES - TEACHING CERTIFICATE, R.N., C.P.A., FIRST AID, FOOD HANDLERS, ETC.

Type	Number	Expiration Date	Issuer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Computer Skills: Please list software and hardware used.

Additional Job-Related Knowledge, 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 any other protected 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 and Email Address

_____	_____	_____	<input type="checkbox"/> Yes
			<input type="checkbox"/> No

Dates of Employment

Rate of Pay

Work Hours Per Week

From: _____ To: _____ Per Hour Annual _____

Duties and Responsibilities

Reason for Leaving

Please indicate if you worked under a different name: _____

2. Name of Present or Last Employer

Address

_____	_____
-------	-------

Your Job Title

Supervisor's Name

Phone Number and Email Address

_____	_____	_____	<input type="checkbox"/> Yes
			<input type="checkbox"/> No

Dates of Employment

Rate of Pay

Work Hours Per Week

From: _____ To: _____ Per Hour Annual _____

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 and Email Address

Yes

No

Dates of Employment

Rate of Pay

Work Hours Per Week

From:

To:

Per Hour

Annual

Duties and Responsibilities

Reason for Leaving

Please indicate if you worked under a different name:

4. Name of Present or Last Employer

Address

Your Job Title

Supervisor's Name

Phone Number and Email Address

Yes

No

Dates of Employment

Rate of Pay

Work Hours Per Week

From:

To:

Per Hour

Annual

Duties and Responsibilities

Reason for Leaving

Please indicate if you worked under a different name: _____

5. Name of Present or Last Employer

Address

Your Job Title

Supervisor's Name

Phone Number and Email Address

_____ Yes
_____ No

Dates of Employment

Rate of Pay

Work Hours Per Week

From: _____ To: _____ Per Hour Annual _____

Duties and Responsibilities

Reason for Leaving

PROFESSIONAL REFERENCES

Name

Active/Current Telephone Number

Active/Current Email Address

Name	Active/Current Telephone Number	Active/Current Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I certify that the information provided is true and complete. I understand that any untrue or misleading statements, omissions, or falsifications on this application or provided verbally or in writing during the selection process will disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all information contained in this application or in any attached resume/CV. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organization from any legal liability in making such statements.

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 SIGNATURE CONSENT TO THESE STATEMENTS.

Signature

Date

SUPPLEMENTAL AUTHORIZATION FOR RELEASE OF RECORDS

This authorization is provided in connection with a consumer report or investigative consumer report (“background check”) that may be conducted by Universal Background Screening, Inc., at the request of Navajo Technical University. This authorization is a supplement to any previous disclosures, notices and authorizations obtained by Navajo Technical University in compliance with the Fair Credit Reporting Act (FCRA) and applicable state laws.

I, _____, hereby authorize, any court, law enforcement agency, school, college, university (public or private), employer, or other record-holding agency to furnish any and all background information requested by Universal Background Screening, or another organization acting on behalf of Universal Background Screening, to the extent permitted by law. These records may include, but are limited to, employment, education, professional licensure or certification, criminal history, civil court records, driving records, and/or other any other public records.

I agree that a facsimile (“fax”), photographic or electronic copy of this Authorization shall be as valid as the original.

Employee

Date

Witness

Date