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Applicant Name

Vacancy Title

## NAVAJO TECHNICAL UNIVERSITY

Human Resources Department PO Box 849 Crownpoint, NM 87313 505.387.7458 / 7369

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.

T	0	A	D	D	lv	:

- 1. View positions by clicking on one of the "Careers" buttons online at: <a href="www.navajotech.edu">www.navajotech.edu</a> 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.

٥.	Please ensure the following checklist is complete prior	to submit	ling your application packet.
	a. NTU Application	☐ g.	• •
	b. Letter of Interest		(Background Check) (IF applicable)
	C. Resumé		
	d. Copies of Transcripts (Unofficial)		
	e. COVID Vac <mark>cination Card</mark>		
	f. Current Class Schedule, Copy of State I.D/Drivers License, AND SS Card	L	

4. 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:

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

If you have questions or need assistance, please call 505.387.7458 / 7369 or email hr@navajotech.edu

### 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.
- 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.

### Mailing Address:

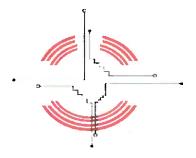
Navajo Technical University Human Resources Department Post Office Box 849 Crownpoint, New Mexico 87313

# FOR OFFICE USE ONLY COMPLETE

DATE & INITIAL

#### **Physical Address:**

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



## APPLICATION FOR EMPLOYMENT

Navajo Technical University PO Box 849

Crownpoint, New Mexico 87313

Phone: 505 387-7369 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:	Minimum Ac	ceptable Salary:
How did you learn about this position?	o Tech Website 🚨 Internet 🗖 Newspaper	Friend/Employee
CONTACT INFORMATION		
First Name, Middle Initial	Last Name	Email Address
Permanent Mailing Address	City	State 7in Code
remailed 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		
Are you under 18 years of age or still in high scho number of working hours.)	OOI? (Employees under 18 years of age may have restrict	ions on types of work and Yes No
2. Have you ever been employed at Navajo Technic	cal University? (formerly CIT or NTC)	Yes No
Are you related to anyone currently working for N	TU? If yes, state name and department	Yes No
Name:	Dept.	
4. Are you a U.S. citizen? Yes No Wr	nat is your residency/visa status?	Expires:
5. Have you ever been convicted* of any crime(s traffic violations, juvenile offenses)? *A conviction of guilt, regardless of whether judgment of the nature of the conviction(s), date(s) or occurre automatically disqualify you from consideration, s	ction includes a plea of guilty, nolo contend ere r sentence is imposed. If yes, please attach a s nce and state(s) in which it/they occurred. A co	or Alford, or finding a Yes No eparate page listing
6. Are you an enrolled member of a Federally Reco	gnized Tribe? Tyes, Tribal Affiliation:	Enrollment # No
7. Are you willing to travel if this job requires it?		Yes No
8. Are you currently under contract with any educati	ional institution?	Yes No
9. Schedule you are willing to work: Full Tin	ne (40 hours per week) Part Time - No. of	Hours: Shift Overtime

Education					
High school name and full address		Diploma Type Awarded			Date Graduated
		Diploma		ED None	
		Diploma	□ G	ED None	
Institution Name and full address	Degree/Certificate Type		Date	s Attended	Date Graduated
Military Service: Branch			Entr	ance Date	Discharge Date
Licensure, Registration, Certifi	cation: Examples - Teachir	ng Certificate, R.	N., C.P	A., First Aid, Foo	od Handlers, etc.
Туре	Number	Expiration		Issuer	
Additional Information					
Computer skills: Please list software a	and hardware used.		92 (T) (S)		
•					
Additional Job-Related Knowledge, SI	kills, And Abilities.				
Other Job-Related Trainings: (Technic	cal Quality Skills Soft Ski	lls Professiona	l Tea	m and Safety)	
orici 300 Neideda Tranings. (Teerin	cai, Quality, Skills, Soit Ski	115, 1 10103310110	ii, rcu	in, and saicty)	
Publications and/or Professional, Trac	de, Business, or Civic activi	ties. (You may	exclu	de any member	ship that would
reveal gender, race, religion, national	origin, age, ancestry, or a	iny other prote	cted s	tatus.)	

**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.** 

1 Name of Present o	r Last Employer	Address			
Your Job Title		Supervisor's Name	Phone Number ar	nd Email address	
					☐ Yes ☐ No
Dates of Employment		Rate of Pay		Work Hours Pe	r Week
From:	To:		☐ Per Hour ☐ Annual		
Duties and Responsib	ilities				
Dancon for Lagring				OF CHILDREN STREET	
Reason for Leaving					
	ked under a different r	name:			
lease indicate if you wor					
		name:Address			
lease indicate if you wor					
lease indicate if you wor  Name of Present o		Address	Phone Number at	nd Email Address	
lease indicate if you wor			Phone Number ar	nd Email Address	
lease indicate if you wor  Name of Present o		Address	Phone Number ar	nd Email Address	☐ Yes
lease indicate if you wor  Name of Present o		Address	Phone Number ar	nd Email Address	☐ Yes
lease indicate if you wor  Name of Present o	r Last Employer	Address	Phone Number ar	nd Email Address Work Hours Per	☐ No
lease indicate if you wor  Name of Present o  Your Job Title	r Last Employer	Address Supervisor's Name	Phone Number ar		☐ No
lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment  From:	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment  From:	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment  From:	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
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lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment  From:	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
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lease indicate if you wor  Name of Present o  Your Job Title  Dates of Employment  From:	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No
lease indicate if you wor  Name of Present of Your Job Title  Dates of Employment From:  Duties and Responsib	r Last Employer  To:	Address Supervisor's Name	Ī		☐ No

3 Name of Dunca	at au last Fuele en	Addison		
3 Name of Preser	nt or Last Employer	Address		
Your Job Title		Supervisor's Name	Phone Number a	and Email Address
				☐ Yes ☐ No
Dates of Employm	ont	Data of Day		
From:	To:	Rate of Pay		Work Hours Per Week
			☐ Per Hour ☐ Annual	
Duties and Respor	nsibilities			
Reason for Leaving	a			
	J			
lease indicate if you	worked under a different	name:		
	worked under a different			
	worked under a different nt or Last Employer	name:Address		
4 Name of Preser		Address		
			Phone Number a	ind Email Address
4 Name of Preser		Address	Phone Number a	☐ Yes
4 Name of Preser	nt or Last Employer	Address Supervisor's Name	Phone Number a	
4 Name of Preser	nt or Last Employer	Address	Phone Number a	☐ Yes
4 Name of Preser Your Job Title Dates of Employm	nt or Last Employer	Address Supervisor's Name	Phone Number a	☐ Yes ☐ No
4 Name of Preser	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From: Duties and Respon	nt or Last Employer  ent  To:  nsibilities	Address Supervisor's Name		☐ Yes ☐ No
4 Name of Preser Your Job Title  Dates of Employm From:	nt or Last Employer  ent  To:  nsibilities	Address Supervisor's Name		☐ Yes ☐ No

Please indicate if you work	ed under a differe	ent name:					
5 Name of Present or	Last Employer	-	Address				
Your Job Title		Supervisor	's Name		Phone Number a	and Email Address	
							☐ Yes ☐ No
Dates of Employment		Rate of Pay	y			Work Hours Pe	er Week
From:	To:			☐ Per ⊦	lour 🔲 Annual		
<b>Duties and Responsibil</b>	ities						
Reason for Leaving							
	·						
Professional Refe	rences						
Name	Circos	Active/Current	Telephone Nur	mber A	ctive/Current Em	ail Address	
Certification							
statements, omission process will disquate at a later date.  I authorize the interesume/CV. I also organizations to proceed to the interesume of the interesume on file to be used for understand that I will be a later to the interesuments.	ons or falsification of a suthorize, whether in and organization of the country o	ons on this application  In yor all information  In the listed or not, a  Information and opens from any legal  In to consider me  In the results of the res	ation or provident for employmention contained any person, scholinions that mail llability in mail for the positioners. If I want to application.	ed verball nt and ma in this ap nool, curre y be usef king such n listed on be consi	ay result in my dis plication or in any ent employer, pas ul in making a hir o statements. o the first page. It	ring the selection smissal if discove attached t employers, and ing decision. I will not be retail position, I	ered ,
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Signature				Dat	e		