



TO'HAIJILEE COMMUNITY SCHOOL BOARD OF EDUCATION, INC.

(a non-profit government contractor)

P.O. Box 3468 | To'Hajilee, NM 87026 | 505-908-2145 (Office) | 505-908-2152 (Fax)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

POSITION DESIRED (1 st Choice):		POSITION DESIRED (2 nd Choice):	
LAST NAME:		FIRST NAME:	MI:
POSTAL ADDRESS:		CITY/STATE	ZIP:
RESIDENTIAL ADDRESS:		CITY/STATE	ZIP:
SOCIAL SECURITY No:	DATE OF BIRTH:	CELL No.:	HOME No.:
EMAIL ADDRESS: (This will be our primary contact to notify you if we cannot reach you by phone)			

EDUCATION

INSTITUTIONS	DATES ATTENDED FROM (M/Y) TO (M/Y)	CREDITS EARNED	MAJOR	HS DIPLOMA/GED TYPE OF DEGREE	GRADUATION DATE MONTH/YEAR
HIGH SCHOOL:					
COLLEGE/UNIVERSITY:					
COLLEGE/UNIVERSITY:					
TRADE SCHOOL:					
ADDITIONAL TRAINING:					
LIST ANY SKILLS YOU FEEL THAT QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED. INCLUDE ANY EQUIPMENT YOU ARE TRAINED TO USE PERTINENT TO THE POSITION.					

NEW MEXICO LICENSURE INFORMATION

Type of License(s)	LICENSURE #:	EXPIRATION DATE (MONTH/YEAR)	SUBJECT AREA OF ENDORSEMENT (If any)

REFERENCES (Name three (3) individuals who are not related but know your work ethic)

NAME	ADDRESS	OCCUPATION	TELEPHONE

WORK HISTORY (EXPERIENCE)

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT

PRESENT EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			
PREVIOUS EMPLOYER:		TELEPHONE:	
ADDRESS:	CITY/STATE	ZIP	
JOB TITLE:	FROM (MONTH/YR):	TO (MONTH/YR):	
SUPERVISOR'S NAME & TITLE:	REASON FOR LEAVING:		
DUTIES:			

PERSONAL DATA

Are you an enrolled member of the Navajo Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CENSUS #:
Have you previously been employed by To'Hajiilee Community School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN? (M/Y):
Do you have relatives employed at To'Hajiilee Community School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, whom and what is your relationship to this employee?)		
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, please fully explain. A conviction will not necessarily disqualify an applicant from a position for which the applicant has applied.) You may attach additional pages if more space is needed.		

MILITARY EXPERIENCE

Have you ever served in the Military? (FORM DD-214 must be attached)

Yes No

Branch of Service	Dates Attended		Rank at Discharge	Discharge Date
	From (M/Y)	To (M/Y)		

ACKNOWLEDGEMENT

I hereby certify that the information given by me in this application for employment, transcripts, and all required documents are true and correct to the best of my knowledge.

I authorize **To'Hajiilee Community School Board of Education, Inc.**, to make such investigations and inquiries of my personal, employment or other related matters. I hereby release employers, schools, or person from liability in responding to inquiries in connection with my application.

The information may include (but not limited) relevant data as to job performance, reasons for termination of employment, convictions, information relating to the arrest or conviction of criminal offenses, and review of any of these records pertinent to my job application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all policies and procedures of the **To'Hajiilee Community School Board of Education, Inc.**

Applicant's Signature

Date