



THE HOPI FOUNDATION

Lomasumi'nangwtukwsiwmani

"Strengthening Communities through Collaborative Actions"

APPLICATION FOR EMPLOYMENT

Application Date: _____

Position/Program Applying for: _____

PERSONAL INFORMATION

Name: _____
(LAST) (FIRST) (M.I.)

Social Security #: _____ Date of Birth: _____

Address: _____
(STREET ADDRESS OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Ph: _____ Work Ph: _____

Cell Ph: _____ Email Address: _____

Tribe: _____ Village/Clan Affiliation: _____

If employed, when will you be available for work? _____

Do you have a valid Arizona Drivers License? Yes No

State Issued: _____ Drivers Lic. #: _____ Exp. Date: _____

Have you ever been convicted of a felony or released from prison within the last seven years? Yes No

If yes, please include dates: _____

List community, village, school or other organizations/committees you are a member of, include position held, if any:

EDUCATION

| | School Name & Address | Course of Study | Years completed | Diploma/Degree |
|-----------------------|-----------------------|-----------------|-----------------|----------------|
| Elementary | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (specify) | | | | |

Indicate any languages you can speak, read and/or write:

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

Describe any specialized training, trade(s), apprenticeship, skills and extra-curricular activities:

EMPLOYMENT

Employer: _____ Supervisor Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Salary Range: _____
(Beginning to Ending)
Dates: From: _____ To: _____ Reason for leaving: _____
Describe duties: _____

Employer: _____ Supervisor Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Salary Range: _____
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 Address: _____ Phone Number: _____
 Job Title: _____ Salary Range: _____
 (Beginning to Ending)
 Dates: From: _____ To: _____ Reason for leaving: _____
 Describe duties: _____

Why are you are applying for this position with The Hopi Foundation?

REFERENCES

List 3 personal references, not related to you, whom have known you for the last 5 years (phone numbers are required).

| Name | Occupation | Address | Phone # | Years Known |
|------|------------|---------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |

May we ask your present/past employer(s) about your character, qualifications and work record?

Yes No If no, please explain your reason(s): _____

SIGNATURE, CERTIFICATION AND RELEASE

I certify that the answers given by me are true and complete to the best of my knowledge. I authorize The Hopi Foundation staff to conduct follow-up consultation regarding my previous employment, reference checks, and other information as necessary to arrive at an employment decision. I authorize fingerprinting and a criminal background check, as required. I understand that responses to inquiries in connection with this application for employment will be used to determine my eligibility and selection for the position which I am applying. In the event of employment, I understand that any false or misleading information given in my application or interview may result in discharge.

Signature: _____ Date: _____