Website: churchrock.navajochapters.org

CHURCHROCK CHAPTER

Post Office Box 549 Churchrock, New Mexico 87311 Tel. 505-488-2464 Fax: 505-488-2190

Email: churchrock@navajochapters.org

Churchrock Chapter Youth Employment Training Program Application

Name (First, Middle, Last Name): Other Names Used:		Social Security:		
		Census Number:		Chapter:
Permanent (Physical) Addres	s:			
Mailing Address:				
Phone Number:	Email:			Date of Birth:
Name of any relative(s) empl	oyed by the Chapter:			
Current School:	Major:	or: Grade		Level:
School Name/Location:	Years Attended:	Year Comp	leted:	Subjects Studied:
Will you accept a position ou Wil you allow us to inquire of	- and the second s	oloyee?	Yes	I No No
High School:				
College/University:				
Vocational Institute: Other Training and/or Job Ex	norionaa			
Hobbies or Special Interests:	perience:			
Language you write/speak fro	equently:			·····
0 0 1				•
Typing Speed:				

I hereby authorize Churchrock Chapter to verify the information given on this application. All persons and organization are released from liability for providing legally-relevant information in connection with my previous work or school experiences on this application.

Administrative Use Only -

Documents Attached:

Certificate of Indian Blood (CI

Identification Card (I.D.)/ Driver's License / School ID

Social Security Card (SSC)

Voter's Registration Card if 18 and older

Parents Voter's Registration Card if 18 and younger

LOCATION OF EMPLOYMENT

Name of Supervisor	••••••••••••••••••••••••••••••••••••••
Address	- <u></u>
Phone Number	

Accepted By: _____

Comments: