



1. _____ Lukachukai Chapter Summer Youth Employment Application
2. _____ Name of the Parent(s): _____
3. _____ Copy of Participant's Social Security Card/ C.I.B.
4. _____ 2017-2018/ Enrollment Verification Form From School
5. _____ Parent(s) need to provide copy of voter's registration with Lukachukai Chapter not Apache County or maybe be verified by Chapter Administration.

Voter's Registration Verified by: Name: _____
Title: _____
Date: _____

6. _____ Letter of Interest from Applicant
7. _____ Must be 14 years or older.



**LUKACHUKAI CHAPTER GOVERNMENT
SUMMER YOUTH EMPLOYMENT
APPLICATION**

For Chapter Use Only

PERSONAL INFORMATION

NAME:		SOCIAL SECURITY:	
OTHER NAMES USED:		CENSUS NUMBER:	
ADDRESS:			
CHAPTER:	AGENCY:	MALE	FEMALE
PHONE NUMBER:		DATE OF BIRTH:	
PARENT(S)/GUARDIAN NAME:			
NAME OF ANY RELATIONS YOU HAVE WHICH ARE EMPLOYED BY THE CHAPTER.			

EDUCATION

HIGH SCHOOL ATTENDED:	CIRCLE CLASS STATUS:	COURSES STUDIED:	GRADUATED: YES NO
	FR SO JR SR		(WHEN?)
COLLEGE OR UNIVERSITY ATTENDED:	ADDRESS	VOCATIONAL:	ADDRESS

WILL YOU ALLOW US TO INQUIRE OF YOUR SCHOOL OR FORMER EMPLOYER?

WILL YOU ACCEPT A POSITION OUTSIDE YOUR FIELD OF STUDY:

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER(S):	ADDRESS:	SUPERVISOR:	PHONE NUMBER:

OTHER TRAINING, JOB EXPERIENCE:

HOBBIES OR SPECIAL INTERESTS: TYPING SPEED:

LANGUAGE YOU SPEAK FLUENTLY: LANGUAGE YOU WRITE FLUENTLY:

I hereby authorize the Lukachukai Chapter to verify the information given on this application. All persons organizations are released from liability for providing legally relevant information in connection with my previous work of school experience and this application.

Applicant Signature

Parent/Guardian Signature
(If student is under 18 years of age)

Date

Date