



LUKACHUKAI CHAPTER  
 PO BOX 248  
 LUKACHUKAI, ARIZONA 86507  
 PHONE: (928)787-2500

RECEIVED

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE DATE

ADDRESS: \_\_\_\_\_  
 (PO Box #, City, State, Zip Code) PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ CENSUS NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARE YOU A REGISTERED VOTER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO WHERE? \_\_\_\_\_

NAME OF BENEFICIARY \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (PO Box #, City, State, Zip Code)

ARE YOU A VETERAN? \_\_\_\_\_ DO YOU WISH TO CLAIM VETERANS' PREFERENCE? \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ WAGE DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

IF YES, LIST EMPLOYER & PHONE NUMBER: \_\_\_\_\_

EVER APPLIED WITH LUKACHUKAI CHAPTER BEFORE? \_\_\_\_\_ WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		GED / DIPLOMA / DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

DO YOU TYPE? \_\_\_\_\_ ARE YOU FAMILIAR WITH A COMPUTER? \_\_\_\_\_

ARE YOU FAMILIAR WITH BOOKKEEPING? \_\_\_\_\_

**EMPLOYMENT HISTORY (Do not indicate "See Resume". Begin with current or most recent position.)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	JOB TITLE	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

IF YES, GIVE DATE AND REASON

HAVE YOU EVER BEEN CONVICTED OR A MISDEMEANOR INVOLVING MORAL TURPITUDE?

**REFERENCES: Give below the names of three (3) persons not related to you, whom you have known at least one year.**

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NO.

**THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

*All persons and organizations are released from any liability, whatsoever, as a result of providing such information as requested by the Lukachukai Chapter in connection with this application for employment.*

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

REMARKS:

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITON \_\_\_\_\_

WILL REPORT \_\_\_\_\_ SALARY WAGES \_\_\_\_\_

APPROVED: \_\_\_\_\_

CHAPTER ADMINISTRATION