

**LUKACHUKAI CHAPTER
SUMMER YOUTH EMPLOYMENT PROGRAM**

NAME: _____

PHONE #: _____

ADDRESS: _____

PARENT/GUARDIAN: _____

SCHOOL ATTENDED: _____

GRADE: _____

- > Student must be a member of Navajo Nation with census number.
- > Student must be between the ages of 14 to 21
- > Student shall be enrolled in a High School, College, University, Vocational or Technical Institution.
- > Student must not be expelled or on probation status from High School, College, University, Vocational or Technical Institution.

FOR OFFICE USE ONLY

Application must have the following documents to be eligible

DATE REC'D

Chapter Employment Application

School/Enrollment Verification
Report Card/Transcript Must include all 4 Quarters

Copy of Social Security Card

Copy of Certificate of Indian Blood (CIB)

Copy of Identification Card

Copy of Navajo Nation Voter Registration
If applicant is under the age of 18 years old, the Parent/Guardian needs to provide a copy of Navajo Nation Voter Registration.

Letter of Interest from Applicant from the Student

APPLICATION Complete Incomplete

MISSING DOCUMENTS: _____

Verified By: _____

_____ Date



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 INVOLING 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



Lukachukai Chapter
P.O. Box 248
Lukachukai, Arizona 86507
Telephone #: 928-787-2500

PARENTAL CONSENT FORM

PARTICIPANT NAMES: _____

PARTICIPANT DATE OF BIRTH: _____ AGE: _____

ADDRESS OF PARENTS OR LEGAL GUARDIAN: _____

PHONE NUMBER OF PARENT OR LEGAL GUARDIAN IN CASE OF EMERGENCY:

1) _____ 2) _____

CHAPTER: Lukachukai

PROJECT TITLE AND NUMBER Student Workers/LUK-SW-2207

LOCATION OF WORKSITE: Lukachukai Chapter

START DATE: _____ END DATE: _____

JOB DESCRIPTION AND WORK ACTIVITIES AND TOOLS TO BE USED The general duties of the students will assist the Chapter Administration with janitorial, clerical and maintenance. The students will also assist with community clean-up, doing awareness signs of no illegal dumping, repaint the water tanks, and scanner chapter records to USB drives, organize chapter documents. The Chapter will provide supplies/tools; such as: mop, broom, shovels, rake, hoe, paint, paint brush, boards, gloves, masks, safety vest, trash bags, etc.

I, _____, am the parent/legal guardian (circle one) of _____, age _____, and being duly informed of the above-mentioned employment project, do hereby consent to his/her placement in the Youth Employment Project at the above-mentioned worksite from _____ through _____ for the above-described employment activities.

Parent Signature

Date

**Note: Youths are NOT to exceed 32 hours per week.*