



# NATIVE AMERICAN DISABILITY LAW CENTER

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle Valid Driver License: \_\_\_\_\_  
Present Residence: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
U.S. Military Service? \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_ Census # \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can begin \_\_\_\_\_  
By whom were you referred? \_\_\_\_\_  
Have you applied with Native American Disability Law Center before? \_\_\_\_\_ When?  
Why have you applied for a position with Native American Disability Law Center?  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION	Name & Location of School	How Long	Subject Taken
High School			
College			
Graduate/Other			

**EMPLOYERS**, please list the 3 most recent or relevant: (will be contacted for verification of job performance)

1. Name & Address \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Description of work \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2. Name & Address**

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Final Salary \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_  
Description of work \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_

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**3. Name & Address**

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Beginning Salary \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Description of work \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_

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If **terminated** from any of these positions, give reasons:

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**SPECIAL QUALIFICATIONS & SKILLS**

Do you speak Navajo Language? \_\_\_\_\_ The Hopi Language? \_\_\_\_\_ Spanish? \_\_\_\_\_  
Typing Speed \_\_\_\_\_ WPM Civil Service Rating \_\_\_\_\_  
Special skills and qualifications not covered in this application:

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**REFERENCES** (Persons not related to you, whom you have known for at least one year)

Name, Address & Telephone Number	Occupation
1. _____	_____
2. _____	_____
3. _____	_____

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**CERTIFICATION**

I authorize the Law Center to contact my prior employers and to investigate all statements contained in this application, including my prior job performance. I also authorize the Law Center to conduct a criminal background check and driver's history check. I understand that misrepresentation or omission of facts is cause for dismissal. I understand that all information will be considered in determining my fitness for employment with Native American Disability Law Center. I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge.

Date:  Signature: