



# Pueblo Pintado Chapter

HCR 79 Box 3026, Cuba, NM 87013

505-655-3221 email: [puebloupintado@navajochapters.org](mailto:puebloupintado@navajochapters.org)

George Tolth  
Council Delegate

Chee Smith Jr  
President

Marcello Willetto  
Vice President

Vacant  
Secretary/Treasurer

Alex Sandoval  
Land Board

Joelyn Woody  
Community Services  
Coordinator

Vacant  
AMS

## **PUBLIC EMPLOYMENT PROGRAM (PEP)**

### **Required Skills and Qualifications:**

- High School/Diploma
- Ability to maintain confidentiality of Chapter information
- Fluency in both Navajo and English language
- Ability to work independently.

### **Physical Requirements and Work Environment:**

- Ability to lift, and carry 20 or more pounds.
- Exposure to cleaning chemicals, dirt, dust, unpleasant odors, and, in some cases, extreme temperatures or loud noises.

### **Eligibility Criteria for PEP:**

- Must be a member of the Navajo Nation and Registered Voter of Pueblo Pintado Chapter.
- Must have a Certificate of Indian Blood
- Must have a Social Security Card
- Must be unemployed at the time of applying
- Must possess a Valid Identification Card, or Driver's License
- Must not be on probation or have any pending court hearings.



# PUEBLO PINTADO CHAPTER

## Employment Application

PLEASE PRINT ALL INFORMATION

For PPC Use Only

### PERSONAL INFORMATION

|                                                                                                                                                                        |                                                                                                                                                                                                   |                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|
| SOCIAL SECURITY NUMBER                                                                                                                                                 | FIRST NAME                                                                                                                                                                                        | MIDDLE INITIAL           | LAST NAME                          |
| OTHER NAMES USED IF APPLICABLE                                                                                                                                         | MAILING ADDRESS                                                                                                                                                                                   | CITY                     | STATE ZIP CODE                     |
| DRIVER'S LICENSE NUMBER                                                                                                                                                | TYPE<br><input type="checkbox"/> CDL<br><input type="checkbox"/> OPERATOR                                                                                                                         | CLASS:                   | STATE EXPIRATION DATE (MM/DD/YYYY) |
| TELEPHONE NUMBER                                                                                                                                                       | MESSAGE NUMBER                                                                                                                                                                                    | E-MAIL ADDRESS           |                                    |
| ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                            | IF YES, INDICATE CENSUS NUMBER<br><small>If not previously submitted, please attach copy of CIB (REQUIRED)</small>                                                                                | IF NO, STATE NATIONALITY | DATE OF BIRTH (MM/DD/YYYY)         |
| ARE YOU A VETERAN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If not previously submitted, please provide a copy of DD Form 214/215</small> | DO YOU WISH TO CLAIM VETERANS' PREFERENCE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If Yes, please attach an Application for Veterans' Employment Preference</small> |                          |                                    |
| ARE YOU CURRENTLY EMPLOYED WITH PUEBLO PINTADO CHAPTER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                    |                                                                                                                                                                                                   |                          |                                    |

### POSITION INFORMATION

|                    |                 |                |
|--------------------|-----------------|----------------|
| REQUISITION NUMBER | POSITION NUMBER | POSITION TITLE |
|--------------------|-----------------|----------------|

### EDUCATION

| NAME AND LOCATION OF SCHOOL          | DATES ATTENDED (MM/YY) |    | GED/DIPLOMA/DEGREE RECEIVED | MAJOR/MINOR |
|--------------------------------------|------------------------|----|-----------------------------|-------------|
|                                      | FROM                   | TO |                             |             |
| HIGH SCHOOL                          |                        |    |                             |             |
|                                      |                        |    |                             |             |
|                                      |                        |    |                             |             |
| COLLEGE/UNIVERSITY                   |                        |    |                             |             |
|                                      |                        |    |                             |             |
|                                      |                        |    |                             |             |
| COLLEGE/UNIVERSITY                   |                        |    |                             |             |
|                                      |                        |    |                             |             |
|                                      |                        |    |                             |             |
| TECHNICAL/VOCATIONAL/BUSINESS SCHOOL |                        |    |                             |             |
|                                      |                        |    |                             |             |
|                                      |                        |    |                             |             |

LIST ADDITIONAL JOB-RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Pueblo Pintado Chapter gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

**REFERENCES:** List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.  
Do not repeat names of supervisors listed under work history.

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
| 1.   |         |                  |
| 2.   |         |                  |
| 3.   |         |                  |

## ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \* ☐ YES ☐ NO IF YES, GIVE DATE AND REASON.

ATTACH ADDITIONAL SHEET IF NECESSARY

\* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? \*

IF YES, GIVE DATE AND REASON

☐ YES ☐ NO

\* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO \* ☐ YES ☐ NO IF YES, GIVE BRIEF DESCRIPTION

PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING

\* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE PUEBLO PINTADO CHAPTER? ☐ YES ☐ NO

NAME/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

RELATIONSHIP:

## EMPLOYMENT HISTORY

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

|                                     |                                |    |                    |
|-------------------------------------|--------------------------------|----|--------------------|
| EMPLOYER'S NAME AND MAILING ADDRESS | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                     | FROM                           | TO |                    |
|                                     | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                     | IMMEDIATE SUPERVISOR:          |    |                    |

DESCRIBE DUTIES AND RESPONSIBILITIES

| EMPLOYER'S NAME AND MAILING ADDRESS |  |  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|-------------------------------------|--|--|--------------------------------|----|--------------------|
|                                     |  |  | FROM                           | TO |                    |
|                                     |  |  | TELEPHONE NUMBER               |    | REASON FOR LEAVING |

DESCRIBE DUTIES AND RESPONSIBILITIES

|                                      |  |                                |    |                    |
|--------------------------------------|--|--------------------------------|----|--------------------|
| EMPLOYER'S NAME AND MAILING ADDRESS  |  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      |  | FROM                           | TO |                    |
|                                      |  | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      |  | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |  |                                |    |                    |
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| EMPLOYER'S NAME AND MAILING ADDRESS  |  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      |  | FROM                           | TO |                    |
|                                      |  | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      |  | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |  |                                |    |                    |
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|--------------------------------------|--|--------------------------------|----|--------------------|
| EMPLOYER'S NAME AND MAILING ADDRESS  |  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      |  | FROM                           | TO |                    |
|                                      |  | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      |  | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |  |                                |    |                    |
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|--------------------------------------|--|--------------------------------|----|--------------------|
| EMPLOYER'S NAME AND MAILING ADDRESS  |  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      |  | FROM                           | TO |                    |
|                                      |  | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      |  | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |  |                                |    |                    |
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**PRE EMPLOYMENT STATEMENT PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW**

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE NAVAJO NATION. MY SIGNATURE BELOW AUTHORIZES THE PUEBLO PINTADO CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE PUEBLO PINTADO CHAPTER TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EMPLOYMENT HISTORY- CONTINUED

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|--------------------------------------|--------------------------------|----|--------------------|
| EMPLOYER'S NAME AND MAILING ADDRESS  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      | FROM                           | TO |                    |
|                                      | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |                                |    |                    |
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| EMPLOYER'S NAME AND MAILING ADDRESS  | DATES EMPLOYED<br>(MM/DD/YYYY) |    | JOB TITLE          |
|                                      | FROM                           | TO |                    |
|                                      | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
|                                      | IMMEDIATE SUPERVISOR:          |    |                    |
| DESCRIBE DUTIES AND RESPONSIBILITIES |                                |    |                    |
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|                                      | TELEPHONE NUMBER               |    | REASON FOR LEAVING |
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| DESCRIBE DUTIES AND RESPONSIBILITIES |                                |    |                    |
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| DESCRIBE DUTIES AND RESPONSIBILITIES |                                |    |                    |
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