



EMPLOYMENT APPLICATION

CERTIFIED POSITION

Shiprock Associated Schools, Inc.

P.O. Box 1809

Shiprock, NM 87420

www.sasischools.net

P: (505)368-2100 F: (505)368-2076

APPLICANT INFORMATION

Position Applied for: _____

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mobile: _____ Cell: _____

Message: _____ Email: _____

Date Available: _____ Referred By: _____

List languages you speak fluently: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Shiprock Associated Schools, Inc.? YES NO If yes, when? _____

Are you related* to anyone employed by Shiprock Associated Schools, Inc.? YES NO If yes, list name: _____

*Related" means any person related by blood or marriages (spouse, in-laws, step, and half relatives) within the third degree (siblings, offspring, cousins, uncles, aunts, nephews, nieces, great-grandparents, or closer relations.)

Do you have a valid driver's license? YES NO Have you ever been convicted of a felony? YES NO

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Credit hours earned: _____ Major/Minor: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Credit hours earned: _____ Major/Minor: _____

CURRENT STATE CERTIFICATIONS ENDORSEMENTS OR LICENSE

License No: _____

License Type	(L1, L2, L3)	Endorsements	Exp Date:
1			
2			
3			
4			
5			

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OTHER TRAINING

TITLE OF TRAINING	DATES	TYPE OF TRAINING

PROFESSIONAL REFERENCES

Three references required

Full Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

AUTHORIZATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in disqualification or disciplinary action up to termination. Falsified information will disqualify my application for any future consideration for employment at Shiprock Associated Schools, Inc. Applications will be kept on file for a period of one calendar year from date of submission in the Human Resource office.

Signature: _____ Date: _____