



# EMPLOYMENT APPLICATION

CLASSIFIED POSITION

Shiprock Associated Schools, Inc.

P.O. Box 1809

Shiprock, NM 87420

[www.sasischools.net](http://www.sasischools.net)

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

## APPLICANT INFORMATION

Position Applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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: \_\_\_\_\_

## PROFESSIONAL REFERENCES

*Three references required*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## CLASSIFIED POSITION

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

### 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: \_\_\_\_\_