



BAHASTL'AH CHAPTER EMPLOYMENT APPLICATION

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: First, Middle, Last		MAILING ADDRESS		TELEPHONE NUMBER
SOCIAL SECURITY NUMBER:	CENSUS NUMBER	DATE OF BIRTH	CELL PHONE NUMBER	
CIRCLE ONE: MALE FEMALE	CIRCLE ONE: SINGLE MARRIED OTHER: _____	DRIVER LICENCE NO. & STATE:	REGISTERED VOTER: YES NO NOT YET	

EMPLOYMENT DESIRED

POSITION TITLE:	DATE AVAILABLE FOR WORK:	HOURLY WAGE:
AUTOMATED MACHINE SKILLS:	DO YOU HAVE A RELIABLE TRANSPORTATION?	ARE YOU EMPLOYED NOW?

EDUCATION

SCHOOL NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECT STUDIED	CERTIFICATE/DEGREE
GED:				
HIGH SCHOOL:				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR VOCATIONAL:				

OTHER TRAINING OR JOB EXPERIENCE

MILITARY: PLEASE SUBMIT FORM DD-214

SERVICE BRANCH:	ENTRANCE DATE:
DISCHARGE DATE:	CLASSIFICATION DATE:

REFERENCES

Name	Title	Address	Years Acquaintance
1.			
2.			
3.			

FORMER EMPLOYER(S):

1. <u>DATES OF EMPLOYMENT:</u> FROM: TO:	<u>NAME & ADDRESS OF EMPLOYER:</u>	<u>POSITION TITLE:</u>	<u>DESCRIPTION OF DUTIES:</u>
<u>RATE OF PAY:</u>	<u>REASON FOR LEAVING:</u>		
2. <u>DATES OF EMPLOYMENT:</u> FROM: TO:	<u>NAME & ADDRESS OF EMPLOYER:</u>	<u>POSITION TITLE:</u>	<u>DESCRIPTION OF DUTIES:</u>
<u>RATE OF PAY:</u>	<u>REASON FOR LEAVING:</u>		
3. <u>DATES OF EMPLOYMENT:</u> FROM: TO:	<u>NAME & ADDRESS OF EMPLOYER</u>	<u>POSITION TITLE:</u>	<u>DESCRIPTION OF DUTIES:</u>
<u>RATE OF PAY:</u>	<u>REASON FOR LEAVING:</u>		
4. <u>DATES OF EMPLOYMENT:</u> FROM: TO:	<u>NAME & ADDRESS OF EMPLOYER:</u>	<u>POSITION TITLE:</u>	<u>DESCRIPTION OF DUTIES:</u>
<u>RATE OF PAY:</u>	<u>REASON FOR LEAVING:</u>		

DATE LAST EMPLOYED WITH BAHASTL'AH CHAPTER

5. <u>DATES OF EMPLOYMENT:</u> FROM: TO:	<u>NAME OF SUPERVISOR</u>	<u>POSITION TITLE:</u>	<u>DESCRIPTION OF DUTIES:</u>
<u>RATE OF PAY:</u>	<u>REASON FOR LEAVING:</u>		

INCASE OF EMERGENCY

NAME:	RELATION:	PHONE:
ADDRESS:		PHONE:
NAME:	RELATION:	PHONE;
ADDRESS:		PHONE:

I HEREBY AUTHORIZE BAHASTL'AH CHAPTER ADMINISTRATION TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION. ALL PERSON AND ORGANIZATION ARE RELEASED FROM ANY LIABILITY, WHATSOEVER PROVIDING SUCH INFORMATION AS REQUESTED BY BAHASTL'AH CHAPTER ADMINISTRATION IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT.

SIGNATURE

DATE

~ REQUIRED ~
SUBMIT COPIES OF CERTIFICATE OF INDIAN BLOOD (CIB), SOCIAL SECURITY CARD (SSC), AND DRIVER LICENSE (DL) OR IDENTIFICATION CARD (ID), DIPLOMA/CERTIFICATES, UPDATED VACCINATION COVID CARD WITH APPLICATION.