



**THE HOPI FOUNDATION**  
*Lomasumi'nangwtukwsiwmani*

"Strengthening Communities through Collaborative Actions"

**APPLICATION FOR EMPLOYMENT**

Application Date: \_\_\_\_\_

Position/Program Applying for: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET ADDRESS OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tribe: \_\_\_\_\_ Village/Clan Affiliation: \_\_\_\_\_

If employed, when will you be available for work? \_\_\_\_\_

Do you have a valid Arizona Drivers License?  Yes  No

State Issued: \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been convicted of a felony or released from prison within the last seven years?  Yes  No

If yes, please include dates: \_\_\_\_\_

List community, village, school or other organizations/committees you are a member of, include position held, if any:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

	School Name & Address	Course of Study	Years completed	Diploma/Degree
Elementary				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, trade(s), apprenticeship, skills and extra-curricular activities:

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### EMPLOYMENT

**Employer:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_  
(Beginning to Ending)  
**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Describe duties:** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_  
(Beginning to Ending)  
**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Describe duties:** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_  
(Beginning to Ending)  
**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Describe duties:** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_  
(Beginning to Ending)  
**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Describe duties:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Why are you are applying for this position with The Hopi Foundation?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

List 3 personal references, not related to you, whom have known you for the last 5 years *(phone numbers are required)*.

Name	Occupation	Address	Phone #	Years Known

**May we ask your present/past employer(s) about your character, qualifications and work record?**

Yes     No    **If no, please explain your reason(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE, CERTIFICATION AND RELEASE**

*I certify that the answers given by me are true and complete to the best of my knowledge. I authorize The Hopi Foundation staff to conduct follow-up consultation regarding my previous employment, reference checks, and other information as necessary to arrive at an employment decision. I authorize fingerprinting and a criminal background check, as required. I understand that responses to inquiries in connection with this application for employment will be used to determine my eligibility and selection for the position which I am applying. In the event of employment, I understand that any false or misleading information given in my application or interview may result in discharge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_