



Native Americans for Community Action, Inc.

APPLICATION FOR EMPLOYMENT

Office of Human Resources, 1500 E. Cedar Ave., Suite #56, Flagstaff, AZ 86004
 Phone: 928.526.2968; Fax: 928.526.0708; Email: employment@nacainc.org

NACA does not discriminate in employment with regard to race, color, religion, creed gender, national origin, age, disability, martial or veteran status, or legally protected status. Employer exercises Indian preference in accordance with the Indian Preference Act (Title 25, US Code, Sections 44-46, 472 and 272). If you wish to exercise Indian Preference and are a registered member of a federally or state recognized tribe, attach a copy of your tribal Certificate of Indian Blood (CIB).

POSITION INFORMATION (Please write legible)	
Position applying for:	Date:
How did you learn about this job vacancy? <input type="checkbox"/> NACA Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____	

PERSONAL INFORMATION		
Last name:	First name:	
Address:	City, State, Zip Code:	
Home/Cell Phone Number:	Email:	
Have you ever applied with NACA before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with NACA? Date/s: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work with NACA? If yes, please provide name/s: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid Arizona Driver License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to participate in a background check, if selected for the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you claiming Indian Preference? If yes, please attach a copy of your CIB with your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in the country because of VISA or Immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a DUI? If yes, please provide card number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid Arizona DPS Fingerprint Clearance card? If yes, please provide card number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you served in the US Military services? If yes, which Branch of Service: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work: _____	What if your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		



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EDUCATION

Name and Location of high school:			
High school graduation date:		GED completion date, if applicable:	
Name and Location of College/University/Other (City/State)	Dates Attended (mm/yy) From: To:	Type of Degree Earned, if acquired, or Course of Study	Date of Diploma/Degree received (mm/yy)

WORK EXPERIENCE – Start with your most recent position

Employer:	Dates of Employment		Duties and Responsibilities: "See Resume" not accepted
Address:	From (mm/yy):	To (mm/yy):	
Phone Number:			
Position Title:	Employment Type		
Supervisor's name:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Reason for leaving:	Starting Salary:		
	Ending Salary:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Dates of Employment		Duties and Responsibilities: "See Resume" not accepted
Address:	From (mm/yy):	To (mm/yy):	
Phone Number:			
Position Title:	Employment Type		
Supervisor's name:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Reason for leaving:	Starting Salary:		
	Ending Salary:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Employer:	Dates of Employment		Duties and Responsibilities: "See Resume" not accepted
Address:	From (mm/yy):	To (mm/yy):	
Phone Number:			
Position Title:	Employment Type		
Supervisor's name:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Reason for leaving:	Starting Salary:		
	Ending Salary:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Dates of Employment		Duties and Responsibilities: "See Resume" not accepted
Address:	From (mm/yy):	To (mm/yy):	
Phone Number:			
Position Title:	Employment Type		
Supervisor's name:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Reason for leaving:	Starting Salary:		
	Ending Salary:		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any specialized training, skills, and extra-curricular activities that relates to the position you are applying for.

List any professions, trades, business, or civic duties and offices held. (You may exclude membership which would reveal, gender, race, religion, national origin, age, ancestry, disability, or other protected status.)



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Additional Information: summarize special job-related skills and qualifications from employment or other experiences.

Specialized Skills (Skills and Equipment Operated)		
<input type="checkbox"/> Computer	<input type="checkbox"/> Spreadsheets	Languages Spoken:
<input type="checkbox"/> Laptop	<input type="checkbox"/> Microsoft	
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> EHR	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Adobe	
<input type="checkbox"/> Other/s: _____		

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT answer this question unless you have been information about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without accommodation, the activities involved in the job or occupation for which you are applying? A review of the activities involved in such, or occupation has been given. (Refer to job announcement.)

Yes No

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)			
Name:	Phone Number:	Email:	Occupation:



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CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered for dismissal if discovered at a later date.

I authorize persons, schools, my current (if applicable) and previous employers and organizations named in this application (and accompanying resume) to provide any relevant information that may be required to arrive at an employment decision.

Signature: _____

Date: _____

Applications not complete and/or signed will NOT be considered.