

22. INDICATE ANY LANGUAGES YOU SPEAK, READ AND WRITE FLUENTLY

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Section C – EDUCATION AND TRAINING (LIST MOST RECENT FIRST)

SCHOOL NAME	CITY/STATE	DATES ATTENDED	HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA RECEIVED

Section D – WORK HISTORY (LIST MOST RECENT JOB FIRST AND WORK BACKWARDS)

FROM MO/YR.		TO:		JOB TITLE:	
TYPE OF BUSINESS	HRS PER WEEK	STARTING SALARY PER	FINAL SALARY PER		
EMPLOYER'S NAME					
NO EMPLOYEES SUPERVISED		COMPLETE ADDRESS			
SUPERVISOR'S NAME		CITY, STATE, ZIP CODE		PHONE NUMBER	
SUPERVISOR'S TITLE		REASON FOR LEAVING			
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES					

FROM MO/YR.		TO:		JOB TITLE:	
TYPE OF BUSINESS	HRS PER WEEK	STARTING SALARY PER	FINAL SALARY PER		
EMPLOYER'S NAME					
NO EMPLOYEES SUPERVISED		COMPLETE ADDRESS			
SUPERVISOR'S NAME		CITY, STATE, ZIP CODE		PHONE NUMBER	
SUPERVISOR'S TITLE		REASON FOR LEAVING			
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES					

FROM MO/YR. TO:		JOB TITLE:	
TYPE OF BUSINESS	HRS PER WEEK	STARTING SALARY PER	FINAL SALARY PER
EMPLOYER'S NAME			
NO EMPLOYEES SUPERVISED	COMPLETE ADDRESS		
SUPERVISOR'S NAME	CITY, STATE, ZIP CODE	PHONE NUMBER	
SUPERVISOR'S TITLE	REASON FOR LEAVING		
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

FROM MO/YR. TO:		JOB TITLE:	
TYPE OF BUSINESS	HRS PER WEEK	STARTING SALARY PER	FINAL SALARY PER
EMPLOYER'S NAME			
NO EMPLOYEES SUPERVISED	COMPLETE ADDRESS		
SUPERVISOR'S NAME	CITY, STATE, ZIP CODE	PHONE NUMBER	
SUPERVISOR'S TITLE	REASON FOR LEAVING		
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

Section E -- ADDITIONAL INFORMATION Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Tribe.

List any additional information you would like the Tribe to consider.

Section D -- STATEMENT OF CERTIFICATION - APPLICANT SIGNATURE:

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation, my application may be rejected. My name may be removed from further consideration, and I may be disqualified from further examinations and/or terminated from employment. I also authorize the White Mountain Apache Tribe, Division of Human Resources, Personnel Department, to make all necessary and appropriate investigations allowable by law to verify the information provided:

SIGNATURE OF APPLICANT: _____ DATE: _____