



PHYSICAL
Navajo Rte 12, Mill Road
Navajo, NM 87328

MAILING
PO Box 783
Navajo, NM 87328

RESIDENTIAL PROPANE
(505) 777-2291

COMMERCIAL PROPANE
(505) 777-2542

LPG/LNG CONSTRUCTION
(505) 777-2450

Serving the Four Corners, Navajo, Hopi, and Zuni Since 1998

Native American Owned & Operated | Small Disadvantaged Business
#1 Navajo Nation Business Preference | HubZone Certified
Arizona and New Mexico, Licensed, Insured, and Bonded

NationsGas.com @NationsGas

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME		
MAILING ADDRESS	CITY	STATE	ZIP CODE		
DRIVER LICENSE NUMBER	TYPE	☐ CDL ☐ OPERATOR	CLASS	STATE	EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE/MOBILE NUMBER	E-MAIL ADDRESS			
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? YES ☐ NO ☐	IF YES, CENSUS NUMBER	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)		
MARITAL STATUS	INTERESTED IN FULL-TIME / PART-TIME EMPLOYMENT	DATE AVAILABLE TO WORK			
PERSON TO CONTACT IN CASE OF EMERGENCY	TELEPHONE NUMBER	MOBILE	RELATIONSHIP		

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
HIGH SCHOOL:			
COLLEGE/UNIVERSITY:			
COLLEGE/UNIVERSITY:			
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL:			

LIST ADDITIONAL JOB RELATED TRAINING/SKILLS:

ADDITIONAL EMPLOYMENT INFORMATION

LIST ANY SPECIAL SKILLS, TALENTS, QUALITIES THAT MAY HELP YOU PERFORM YOUR JOB FUNCTIONS BETTER.

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH NATIONS GAS: ☐ YES ☐ NO

NAME/DEPARTMENT:

RELATIONSHIP:

NAME/DEPARTMENT:

RELATIONSHIP:

DO YOU HAVE TRANSPORTATION TO GET TO WORK: ☐ YES ☐ NO

PLEASE ATTACH COPIES OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD ALONG WITH ANY CERTIFICATES, DIPLOMAS, ETC.

OFFICIAL USE ONLY: _____

REFERENCES: LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION YOU ARE APPLYING FOR.				
NAME:	BUSINESS/ORGANIZATION:	TELEPHONE:		
1)				
2)				
3)				
EMPLOYMENT HISTORY BEGIN WITH CURRENT OR MOST RECENT POSITION				
EMPLOYER'S NAME AND MAILING ADDRESS		DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
		FROM	TO	RATE OF PAY: BEGINNING: \$ _____ ENDING: \$ _____
		TELEPHONE NUMBER		REASON FOR LEAVING
		IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES:				
EMPLOYER'S NAME AND MAILING ADDRESS		DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
		FROM	TO	RATE OF PAY: BEGINNING: \$ _____ ENDING: \$ _____
		TELEPHONE NUMBER		REASON FOR LEAVING
		IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES:				
EMPLOYER'S NAME AND MAILING ADDRESS		DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
		FROM	TO	RATE OF PAY: BEGINNING: \$ _____ ENDING: \$ _____
		TELEPHONE NUMBER		REASON FOR LEAVING
		IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES:				
PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW				

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH NATIONS GAS TECHNOLOGIES, INC.. MY SIGNATURE BELOW AUTHORIZES NATIONS GAS TECHNOLOGIES, INC. TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

APPLICANT'S SIGNATURE: _____ DATE: _____