



NATIONS GAS TECHNOLOGIES, INC.

POST OFFICE BOX 356

NAVAJO, NEW MEXICO 87328

TELEPHONE: (505) 777-2291/2542 FAX: (505) 777-2394

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'S LICENSE NUMBER	TYPE	CLASS	STATE	EXPIRATION DATE (MM/DD/YYYY)
	<input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR			
TELEPHONE NUMBER	MESSAGE/MOBILE NUMBER		E-MAIL ADDRESS	
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> 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 PHYSICAL CONDITIONS(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING

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 CERIFICATES, 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.

APPLICANTS SIGNATURE: _____

DATE: _____