



**Ramah Navajo Chapter Office of Grants and Contracts**  
**HC61, Box 13, Ramah, New Mexico 87321**  
**Telephone: (505) 240-8000 Fax: (505) 876-9663**  
**Email: HR@ramahnavajo.org**

## EMPLOYMENT APPLICATION

Date Applied:		Date Received at HR:		
Name:				
Last	First	Middle		
Address:				
Street/PO Box	City	State	Zip	
Telephone:	Cell:	Email:		
<b>EMPLOYMENT DESIRED</b>				
Position:	Start Date:	Desired Salary:		
Are you employed now?		If yes, may we contact your current employer?		
Have you ever worked for the Chapter?		When?		
Are you a Veteran? If so, you must submit a Form DD214 for preference.				
Do you have a valid state driver's license?		If yes, please attach a copy to the application.		
Have you ever been convicted of a felony?		If yes, please explain.		
Have you been convicted of a DWI/DUI in the in the past three years in a state or tribal court? If yes, please explain.				
Have you been arrested, charged, or convicted of a crime against a legal minor in any tribal, state, or federal court? If yes, please explain.				
Do you have a relative(s) working for the Chapter? If so, who and how are they related to you.				
<b>EDUCATION</b>	<b>Name and Location of School</b>	<b>Number of Years Attended?</b>	<b>Did you Graduate?</b>	<b>Subjects Studied</b>
High School				
College				
Trade, Business or Correspondence School				

**Special job skills, training, experience, including job-related military training:**

<b>Navajo Fluency</b>	Speak Fluently <input type="checkbox"/>	Speak Fair <input type="checkbox"/>	Understand Fluently <input type="checkbox"/>	Understand Fair <input type="checkbox"/>
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**FORMER EMPLOYERS (List below last four employers, starting with the most recent.)**

Date, Month & Year	Name & Address of Employer	Position	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES: Provide the names, addresses & phone numbers of three persons not related to you, whom have known you for at least five years.**

Name	Address & Phone	Business	Number of Years Acquainted
1			
2			
3			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that if employed, any falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to you any and all information concerning my previous employment and any pertinent information they may have, personal, or otherwise, and release all parties from all liability for any damage that may result from furnishing same liability for any damage to you."

Signature: \_\_\_\_\_

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

**The Ramah Navajo Chapter, Office of Grants and Contracts  
practices Navajo preference in all phases of employment in accordance with the  
Navajo Preference in Employment Act.**



## Ramah Navajo Chapter

Office of Grants & Contracts  
Human Resources  
HCR 61, Box 13  
Ramah New Mexico 87327-9601  
Telephone (505) 240-8000 Ext. 132/135  
Fax (505) 876-9663



### **TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_ hereby authorize any Investigator or duly accredited representative of the Ramah Navajo Chapter bearing this release, or a copy thereof, to obtain any information from schools, employers, criminal justice agencies or other individuals relating to my activities. This information may include, but is not limited to academic, achievement, consumer credit, work performance, attendance, personnel history, disciplinary, motor vehicle, arrest, and/or court conviction records.

I, \_\_\_\_\_ hereby release any individual, including records custodians, from all liability for damages of whatever kind or nature which may result to me because of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Maiden or Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Information: \_\_\_\_\_

(Telephone, email or other)

**Authority to Collect Information:** E.O. 10450; 5 USC 1302-1305; 42 USC 2155 and 2455; and 5 USC 3301

**Purposes and Uses:** Information provided on this form will be furnished to individuals to obtain information regarding your activities with an investigation to determine (1) fitness employment; (2) clearance to perform contractual service, (3) security clearance or access. The information may be furnished to third parties as necessary in the fulfillment of official responsibilities.

**Effect of Non-Disclosures:** Furnishing the requested information is voluntary, but failure to provide all or parts of the information may result in a lack of further consideration for employment, clearance, access, or in the termination of your employment or contract.

**Authorization will remain in place for term of employment.**

**Release of Information Form: 04/2024**

**RAMAH NAVAJO OFFICE OF GRANTS & CONTRACTS**  
**MOTOR VEHICLE OPERATOR/DRIVER**  
**AUTHORIZATION FOR MOTOR VEHICLE REPORT CHECK**  
**HC 61, Box 13**  
**Ramah, New Mexico 87321**  
**(505) 775-7115 (Phone)**  
**(505) 775-7172 (Fax)**

As required by Ramah Navajo Office of Grants and Contracts and The Mahoney Group, all drivers of Chapter and GSA vehicles, including Chapter Officials, regular full or part-time, temporary, community service workers and volunteers must:

1. Possess a valid State of New Mexico driver's license or other State license; and,
2. Be insurable and endorsed under the Ramah Navajo Office of Grants and Contracts Comprehensive Automobile Insurance policy; and,
3. Maintain a good driving status while The Mahoney Group provides auto insurance coverage for the organization.

Drivers of Chapter and GSA vehicles shall use this Authorization form for Ramah Navajo Grants and Contracts to conduct driver background investigation to determine driver's qualifications, insurability, routine and review of driving habits. This procedure is vital to protect the organization's assets from any auto loss, liability and your protection as a motor vehicle operator.

Prospective and vehicle operators shall physical provide the Human Resources an original form and a copy of a valid driver's license.

Please fill in the following information:

Last Name	First Name	Date of Birth
Driver's License Number	State	Expiration Date
Drivers Signature	HR Signature	

I hereby authorize RN Grants & Contracts Human Resource Department through The Mahoney Group to investigate and obtain Motor Vehicle Report(s) from the State of New Mexico Motor Vehicle Department, or other state licensure and the Navajo Nation Department of Public Safety to determine driving qualifications and insurability and operation of Chapter or GSA vehicle.

Vehicle operators will immediately be endorsed onto the organization's Comprehensive Automobile Insurance policy with favorable results. Your immediate supervisor or the Human Resources Manager will notify you of any unfavorable or negative driving report prior to any restrictions.

**HR USE ONLY**

First Time MVR Request	Y	N
Routine MVR Request (Annual)	Y	N
Chapter Official	Y	N
Regular Full or Part Time Employee	Y	N
Temporary or PEP Employee	Y	N
Community Service Worker	Y	N
Volunteer	Y	N

Revised: 07/30/2019