

JICARILLA APACHE NATION DEPARTMENT OF LABOR

(Submit application to JAN Building Receptionist)

060 TEMPORARY EMPLOYMENT PROGRAM REQUIRED DOCUMENTS

- 1)Completed application
 - Please do not leave any lines blank
 - Sign & date application
- 2) Copy of Driver's License, State ID, OR Tribal ID
 - Will be submitted to Payroll Office
- 3) Copy of Social Security Card
 - Will be submitted to Payroll Office
- 4) Copy of High School Diploma/College Degree
 - If not available, provide a copy of letter from WIOA or JADE stating that you are enrolled in the GED Program
- 5) Copy of Covid-19 Test Results

^{*}Do not submit this list with your application.

JICARILLA APACHE DEPARTMENT OF LABOR

060 TEMPORARY EMPLOYMENT PROGRAM APPLICATION

			DATE RECEIVED		
OSITION DEP	ARTMENT_				
GH SCHOOL	GRADUATE	(YES / NO) ENROLLED WITH	WIOAJADEOTI	HER	
******	******	*********	********	******	
RIBAL CENSU	JS NO	SOCIA	L SECURITY		
AME:		ADDRESS:			
ΓΥ, STATE, Z	IP CODE:	т	ELEPHONE NO.		
ATE OF BIRT	Н:	SEX: MA	RITAL STATUS:		
CASE OF EN	ΛERGENCY, I	NOTIFY:	PHONE NO		
******	******	***********		*******	
**************************************		WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME	ENCE		
	PREVI	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI	ENCE ECENT) (DO NOT LEAVE BLAN	к)	
MONTH	PREVIO YEAR YEAR	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME	K) BEGIN SALARY	
MONTH MONTH DSITION HEL	PREVION YEAR YEAR D:	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME CITY/STATE REASON FOR LEAVING:	K) BEGIN SALARY	
MONTH MONTH DSITION HELESCRIPTION	PREVION YEAR YEAR D: OF WORK:	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME ADDRESS	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME CITY/STATE _ REASON FOR LEAVING:	K) BEGIN SALARY ENDING	
MONTH MONTH DSITION HEL	PREVION YEAR YEAR D:	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME ADDRESS	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME CITY/STATE REASON FOR LEAVING:	K) BEGIN SALARY	
MONTH OSITION HELESCRIPTION	PREVION YEAR YEAR D: OF WORK:	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME ADDRESS	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME CITY/STATE _ REASON FOR LEAVING:	K) BEGIN SALARY ENDING	
MONTH DSITION HELESCRIPTION MONTH DSITION HELESCRIPTION	PREVIOUS YEAR YEAR D: YEAR YEAR PREVIOUS YEAR YEAR	WORK EXPERI OUS EMPLOYMENT (LIST MOST RI COMPANY NAME ADDRESS COMPANY NAME	ENCE ECENT) (DO NOT LEAVE BLAN SUPERVISOR NAME CITY/STATE REASON FOR LEAVING: SUPERVISOR NAME CITY/STATE CITY/STATE	BEGIN SALARY ENDING BEGIN SALARY ENDING	

SCHOOL	SCHOOL NAME/ADDRESS	DATES ATTENDED	DIPLOMA/DEGREE	GRADE LEVEL
HIGH SCHOOL		FROM:		
DIPLOMA OR GED		TO:		
ADEA OF SDECIALI	 ZATION:			
ARLA OI SPECIALI	ZATION			
		1	1	
COLLEGE		FROM:		
		TO:		
AREA OF SPECIALI	ZATION:			
GRADUATE		FROM:		
SCHOOL		TO:		
AREA OF SPECIALI	ZATION:			
CERTIFICATES/LIC	ENSES:			
OTHER				
List specific skills v	ou possess, such as typin	g. crafts and vocationa	l equipment and machir	nery operated and
		<u> </u>		icry operated and
REFERENCES				
	ess and telephone numbe	ers of three references v	who are not related to y	ou and were not
your previous emp	oloyers.			
NAME	ADDR	FCC	TELEPHONE NU	MRER
IVAIVIL	ADDIN	L33	TELET HONE NO	IVIDEIX
1)				
2)				
2)				
				
I hereby authorize	the Jicarilla Apache Natio	on to see, and also auth	norize and request each	reference and each
former employer	named above to give any	information about me	that I may be sought in	connection with the
submission of the	employment application.			
		Signature of A	pplicant	Date