

P.O. Box 1999, 13603 US Hwy 64 Dulce, New Mexico 87528

DAANZHO RESTAURANT AND HOTEL EMPLOYMENT APPLICATION

ONOTHER	LISEO	NIV.			3.1.1.3.1 p. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
FOR OFFICE USE ONLY: Date and Time Received:			Received By:				
Position App	lying I	For:					
Name:	3		Mailing Address:				
City, State &	Zip Co	ode:					
Social Security Number:							
Tribal Affiliation:			Census Number:				
		here you can be reached as tion and telephone numbers	we may need additional information or are kept confidential)	need to c	ontact you for an		
			, , , , , , , , , , , , , , , , , , , ,				
Date of Rirth)·	Sov	O Mala O Famala Marital Stati	iic.			
Date of Birth	n:	Sex:	O Male O Female Marital State	us:			
			O Male O Female Marital State Name of Spouse:				
Spouse of a	Tribal	Member: O No O Yes	Name of Spouse:				
Spouse of a	Tribal	Member: O No O Yes					
Spouse of a	Tribal	Member: O No O Yes	Name of Spouse:				
Spouse of a	Tribal	Member: O No O Yes	Name of Spouse: Telephone Number:				
Spouse of a	Tribal	Member: O No O Yes	Name of Spouse: Telephone Number: WORK EXPERIENCE				
Spouse of a Emergency Co	Tribal Contac	Member: O No O Yes tt: Company Name	Name of Spouse: Telephone Number: WORK EXPERIENCE Supervisor	1	Salary Begin		
Spouse of a Emergency Co	Tribal Contac	Member: O No O Yes	Name of Spouse: Telephone Number: WORK EXPERIENCE Supervisor		Salary Begin		
Spouse of a Emergency Contact Begin Date Begin	Tribal	Member: O No O Yes Company Name Company Address	Name of Spouse: Telephone Number: WORK EXPERIENCE Supervisor City, State, Zip		Salary Begin Salary End		
Spouse of a Emergency Contact Begin Date Begin Date End Position Hele	Tribal Contac	Member: O No O Yes Company Name Company Address	Name of Spouse: Telephone Number: WORK EXPERIENCE Supervisor City, State, Zip Reason for Leaving:		Salary Begin Salary End		

Date Begin		Company Name		Supervisor	1	Salary Begin
Date End	I	Company Address	1	City, State, Zip	1	Salary End
Position Held Description of	-	ork:				
Date Begin	1	Company Name	1	Supervisor	1	Salary Begin
Date End	1	Company Address	ı	City, State, Zip	l	Salary End
Position Held Description of		ork:				
			EDU	CATION		
Level		School Name & Location		Date Attended		Diploma/Degree
High School	- Company					
College	1					
Vocational						
Other	I					
Certificates/	Licen	ises:				

List specific skills, which you possess, such as typing, crafts, and vocation equipment and machinery					
operated, and other skills:					
REFERENCES					
Give names, address, and telephone numbers of three references who are not related to you.					
1:					
2:					
3:					
I hereby authorize Daanzho Restaurant and Hotel to see, and also authorize and request each reference and each former employer named above to release any information about me that may be sought in connection with the submission of this employment application.					
I certify that all statements herein are true and that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.					

Date

Signature of Applicant