



Hopi Telecommunications, Inc.

6 E. Aspen Ave., Suite 240

Flagstaff, AZ 86001

Phone: (928) 522-8428

Fax: (928) 526-0242

Employment Application

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
PO Box/Street Address Apartment/Unit #

City State Zip Code

Telephone Number: () _____ E-mail Address : _____

Village: _____ Tribal Affiliation: _____ Census No.: _____

POSITION APPLYING FOR: _____ **DEPARTMENT:** _____

Do you have a valid Arizona Driver's License? YES NO Expiration Date: _____

Do you have a Commercial Driver's License? YES NO Expiration Date: _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, explain: _____

Do you claim Veteran's Preference? (Copy of DD214 must be attached to application) YES NO

Do you claim Hopi Preference? (Complete Hopi Preference Verification Form) YES NO

Is any immediate family member currently employed with Hopi Telecommunications, Inc.? YES NO
(Father, Mother, Brother, Sister, Spouse, Son or Daughter)

If yes, please give name(s) and relationship(s)? _____

Do you understand Hopi or Tewa? Fair Fluent Do you speak Hopi or Tewa? Fair Fluent

Other Languages Known: _____

Spoken: _____ Written: _____

Education

HIGH SCHOOL: _____ LOCATION: _____

DATE GRADUATED: _____ HIGHEST GRADE COMPLETED: _____ GED RECEIVED: _____

List name and address of University, College, Trade, Business or other educational institutions attended.

Note: Transcript may be required, depending on position.

School(s) Attended	Dates Attended	Hours Earned	Degree or Certificate	Major Subject Studied

SPECIAL QUALIFICATIONS/SKILLS: List any special skills, i.e., typing/shorthand (WPM), computer skills, special tools & equipment you can operate, training, and licenses. _____

Employment History

(Start with the most recent job and work back)

JOB TITLE: _____ Starting Salary: _____ Final Salary: _____

Employer's Name/Address: _____

Telephone Number: _____ No. Employees Supervised: _____

Supervisor's Name: _____ Title: _____

Work Performed: _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ REASON FOR LEAVING: _____

JOB TITLE: _____ Starting Salary: _____ Final Salary: _____

Employer's Name/Address: _____

Telephone Number: _____ No. Employees Supervised: _____

Supervisor's Name: _____ Title: _____

Work Performed: _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ REASON FOR LEAVING: _____

JOB TITLE: _____ Starting Salary: _____ Final Salary: _____

Employer's Name/Address: _____

Telephone Number: _____ No. Employees Supervised: _____

Supervisor's Name: _____ Title: _____

Work Performed: _____

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FROM : ____ / ____ TO: ____ / ____ / ____ REASON FOR LEAVING: _____



CERTIFICATION: I certify that all statements made on this application are true, complete and correct to the best of my knowledge, and that this application serves as my consent for references to be conducted on my education and work history. Furthermore, I understand that any willful mis-statement on my part may be grounds for disqualification for employment.

APPLICANT SIGNATURE

DATE