

# Hopi Telecommunications, Inc.

6 E. Aspen, Suite 240  
Flagstaff, AZ 86001  
Phone: (928) 522-8428  
Fax: (928) 526-0242

## Summer Employment Application

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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? (Copy of Tribal Enrollment Verification must be attached to application) YES  NO

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

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. \_\_\_\_\_

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## 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: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

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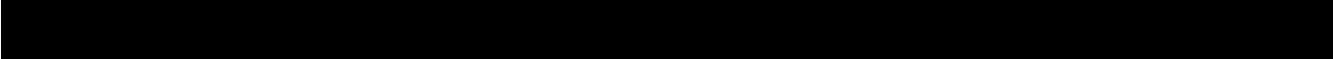


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FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_



JOB TITLE: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ No. Employees Supervised: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Describe 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: \_\_\_\_\_

Describe 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 \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**

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APPLICANT SIGNATURE

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DATE

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PARENT/GUARDIAN SIGNATURE

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DATE