



NAVAJO AGRICULTURAL PRODUCTS INDUSTRY (NAPI)
SCHOLARS PROGRAM APPLICATION

P.O. Drawer 1318, Farmington, NM 87499 | Main: 505-566-2600 | Fax: 505-960-9458 | www.navajopride.com

Today's Date: _____

PERSONAL INFORMATION

FIRST NAME:			LAST NAME:			MID. INIT:				
ADDRESS:			CITY:			STATE:		ZIP:		
PHONE (1):			PHONE (2):			EMAIL:				
MOTHER'S NAME:						TRIBE:				
ADDRESS:			CITY:			STATE:		ZIP:		
FATHER'S NAME:						TRIBE:				
ADDRESS:			CITY:			STATE:		ZIP:		

If hired, can you provide documents required to establish your eligibility to work in the U.S.? YES NO

Do you have a valid driver's license? YES NO STATE ISSUED: CLASS:

Have you ever been convicted of a felony? YES NO If yes, explain below:

EDUCATION - Attach copies of all diplomas, transcripts, and certificates of completion as appropriate

High School

SCHOOL:			# OF YRS:			COURSE OF STUDY:		
CITY/STATE:			GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TYPE OF DEGREE:		

College

		CLASSIFICATION:	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR			
SCHOOL:			# OF YRS:			COURSE OF STUDY:		
CITY/STATE:			GRADUATION:	___MO.	___YR.	TYPE OF DEGREE:		
		GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

Additional College

		CLASSIFICATION:	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR			
SCHOOL:			# OF YRS:			COURSE OF STUDY:		
CITY/STATE:			GRADUATION:	___MO.	___YR.	TYPE OF DEGREE:		
		GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

EMPLOYMENT HISTORY

FROM (DATE):			TO (DATE):			PAY RATE:		
POSITION:						<input type="checkbox"/> HOURLY	<input type="checkbox"/> SALARY	
COMPANY NAME:			COMPANY ADDRESS:					
SUPERVISOR NAME:			COMPANY CITY:					
SUPERVISOR PHONE:			COMPANY STATE, ZIP:					
DESCRIPTION OF WORK:			REASON FOR LEAVING:					

May we contact your previous supervisor for a reference? YES NO

FROM (DATE):		TO (DATE):		PAY RATE:	
POSITION:					<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY
COMPANY NAME:			COMPANY ADDRESS:		
SUPERVISOR NAME:			COMPANY CITY:		
SUPERVISOR PHONE:			COMPANY STATE, ZIP:		
DESCRIPTION OF WORK:			REASON FOR LEAVING:		

May we contact your previous supervisor for a reference? YES NO

FROM (DATE):		TO (DATE):		PAY RATE:	
POSITION:					<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY
COMPANY NAME:			COMPANY ADDRESS:		
SUPERVISOR NAME:			COMPANY CITY:		
SUPERVISOR PHONE:			COMPANY STATE, ZIP:		
DESCRIPTION OF WORK:			REASON FOR LEAVING:		

May we contact your previous supervisor for a reference? YES NO

SKILLS

COMPUTER PROGRAMMING:

SHORTHAND: YES NO If yes, years of experience: _____ WPM:

DRAFTING/MECHANICAL DRAWING: YES NO If yes, years of experience: _____

INTERNSHIP

NAPI Scholars are provided an internship time-frame of summer (13 weeks) and winter (4 weeks), would you be available for such internship? YES NO

What are your objectives for participating in NAPI's Scholars program?

What would you like to accomplish during your internship?

What, if any, limitations do you have that may have a bearing on your placement?

How did you hear of NAPI? Newspaper, which one? _____

Website Radio Magazine Referred? By whom? _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to selection and placement, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant Date