

PUBLIC EMPLOYMENT PROGRAM

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PUBLIC EMPLOYMENT PROGRAM
POLICIES AND PROCEDURES FOR BACA/PREWITT CHAPTER EXPENDITURES

*These policies and procedures will supersede the policies and procedures set by
the TCDC Resolution TCDCD111-00.*

I. AUTHORIZATION

- A. Pursuant to 26 N.N.C. Section 101 (A), the Baca/Prewitt Chapter has formulated, implemented, and operates by the Five Management System to ensure accountability and has developed policies and procedures for the Chapter Public Employment Program.
- B. Pursuant to the Baca/Prewitt Chapter Resolution, the Chapter Public Employment Program Policies and Procedures is hereby approved.

II. PURPOSE

- A. The purpose of these policies and procedures are to install a guideline for the Chapter to administer the Public Employment Program for Chapter Expenditures.
- B. Provide Short-term employment for chapter membership to work on prioritized chapter projects.
- C. Help reduce the unemployment rate at the Chapter and Navajo Nation level.
- D. Provide on-the-job training to selected Chapter membership so they could obtain permanent and competitive employment with non-chapter employers.

III. APPLICABLE LAWS

- A. The Baca/Prewitt Chapter shall comply with all applicable State, Federal, and Navajo Nation laws such as the Navajo Preference/Veterans Act in Employment.

IV. DEFINITIONS

- A. Chapter Administration: the employee of the chapter which includes, but is not limited to, the Chapter Manager and Administrative Assistant.
- B. Chapter Manager: Chapter employee who performs the duties as prescribed in 26 N.N.C. Section 1004 (B), 1004 (C), and 2003 (B), and included those employees referred to as AMS.
- C. Local Governance Act: 26 N.N.C. Section 1-2005.
- D. Participations: Chapter members participating in chapter-approved Public Employment Program.

V. FUNDS ORIGIN

- A. The Public Employment Program fund originates or comes from the Navajo Nation Central Office annually. Once the funds are disbursed to the Chapter, a budget is developed per projects.
- B. The budget consists of specific Chapter projects with specific time frame due to the Workman's Compensation Compliance. The Projects and time frames are prioritized by the Chapter Manager based on emergency needs.

VI. POLICY

- A. The Baca/Prewitt Chapter has discretion in selecting which Public Employment Program (PEP) to pursue, subject to the applicable Five Management System Policies and Procedures and Navajo Nation laws. The Chapter has the discretion to determine the length of each project and when to begin.
- B. All projects shall be completed within the annual budget cycle, or an extension shall be made with a Chapter membership approval at a duly called meeting.
- C. The Chapter Administration shall make proper accounting and bookkeeping entries for all PEP allocations.
- D. For each project, the Chapter administration may employ one or more participants subject to the availability of funds and provide a job description.
- E. For each project, the Chapter Administration may employ one or more participants subject to the availability of funds and provide job descriptions per project.
- F. Proper workman compensation liability insurance shall be filed and only hired participants shall be able to work.
- G. The Chapter Administration shall select a project supervisor and skilled participants based on experience, skills, and qualifications for the designed project.
- H. The Chapter Administration shall set the salary and wages according to the annual budget.
- I. The Chapter Manager shall hire and terminate participants in compliance with Personnel Management Policies and Procedures.
- J. The Chapter shall uphold the Navajo Preference in Employment Act.
- K. Participants shall not work more than eight (8) hours per day, 40 hour per week, or 80 hours per pay period. No over-time permitted under any circumstances. Participants shall not make up missed hours.
- L. The Chapter shall allow participants to get on-the-job-training. On the job training for participants is temporary.

- M. If positions are available, the Chapter will post job opening for one week to accept applications.
 - a. Post announcement on Chapter bulletin board.
 - b. Announcement at Chapter Meetings and radio stations.
 - c. Via Chapter Website, only. NO social media

VII. PARTICIPANT QUALIFICATIONS AND EMPLOYMENT NOTICE

- A. Adult participant must be 18 years or older.
- B. Adult participant shall be a registered voters of the Chapter for one (1) year or more.
- C. All participants shall be member of the Navajo Nation with a census number.
- D. Immediate supervisor shall not be a relative.
(The term "relative" is defined as an individual who is related by blood or marriage to the employee as a father, mother, son, daughter, brother, sister, grandmother, grandfather, uncle, aunt, cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepson, stepdaughter, stepsister, stepbrother, half-brother or half-sister).
- E. Must not be employed at the time of applying for employment.

VIII. REQUIRED DOCUMENTS

- A. Required accurate a complete Chapter Employment Application
- B. Voter Registration Card or Verify in Voter Registry Book
- C. Social Security Card
- D. Valid Driver's Licenses or State or Navajo Nation Identification Card
- E. W-4 Form
- F. New Mexico - New Hire Form
- G. Project Application (Chapter Budget and Resolution)
- H. Employment/Termination Notice Form
- I. Signed Policies & Procedures, Alcohol & Drug Free, Job Description and Prohibition of Sexual Harassment Understanding Acknowledgement Form.
- J. COVID-19 vaccination card maybe required

IX. TOUR OF DUTY

- A. Monday through Fridays some weekends maybe be required, except Navajo Nation/Chapter Recognized Holidays.
- B. 8:00AM to 5:00PM with one hour lunch from 12:00PM to 1:00PM or 8:00AM to 4:30 PM with 30 minutes lunch.
- C. No over-time allowed.

X. WAGES

- A. The PEP funds are restricted budgeted funds; therefore, the hourly wages shall start at a minimum wage or greater for experienced skill person.
- B. The Chapter may grant higher wage increase for experience skilled employees.

XI. PAYROLL, TIMESHEETS, AND DEDUCTION

- A. The payroll periods will be on Fridays and draw payroll bi-weekly.
- B. The timesheets are due on Thursdays prior to the actual payroll date with all proper signatures and time. Timesheets are done as per Pay Period Ending.
- C. Upon receipt, the Chapter Manager shall check and verify the hours worked for each participant.
- D. Written Progress reports from the Project Supervisor are due at the end of each pay-period. The Chapter Manager will obtain updates from the Supervisor on a daily basis.
- E. Payroll checks are signed as per Fiscal Management Policies and Procedures.
- F. Payroll checks are disbursed at the end of work day on Fridays.
- G. If the participants are not available for check pick-up, he or she may authorize a person to pick up his or her check with a written permission and an original signature.

XII. TAXES

- A. For all participants, FICA and MEDICARE taxes are automatically deducted at each payroll.
- B. The Federal Tax and State Tax will be deducted based on the W-4 form.
- C. At the end of each month, the Administrative Assistant shall submit payment to the Internal Revenue Services for the taxes deducted and unemployment taxes, if

applicable.

- D. At the end of each calendar year, the Chapter shall issue W-2 and/or 1099 if applicable. The Chapter shall submit W-3 and/or 1096 if applicable.

XIII. BENEFITS

- A. All participants are employed under the Public Employment Program as temporary employees, the participants are ineligible for any of health, dental, pharmacy, or vision benefits.
- B. However, all participants are covered through Navajo Nation Workers Compensation Program.
- C. The participants are ineligible for holiday, personal leave sick leave, and compensatory-time pay and ineligible for merit pay or bonus pay.
- D. The Baca/Prewitt Chapter shall comply with the Chapter's Personnel Management Policies and Procedures.

XIV. GRIEVENCE

- A. All participants are employed under the PEP as temporary employees, the participants are ineligible for any type of grievance process.
- B. The Baca/Prewitt Chapter shall comply with the Chapter's Personnel Management Policies and Procedures.

XV. SEXUAL HARASSMENT

The workplace shall be free of sexual harassment; therefore, such action is prohibited and will result in immediate termination.

XVI. HOSTILE ENVIRONMENT

The workplace shall be free of hostile behavior or environment; therefore, such action is prohibited and will result in immediate termination.

XVII. SAFETY ENVIRONMENT

The Chapter shall provide a safe and friendly work environment.

XVIII. ILLEGAL DRUG AND ALCOHOL-FREE WORKPLACE

The workplace and environment shall be free of Illegal Alcohol & Drug; therefore, such usage will result in immediate termination.

XIX. CODE OF CONDUCT

- A. The participants will conduct themselves with respect towards co-workers, Chapter staff, Chapter officials, community members, project clients, and any other persons.
- B. The participants will conduct themselves with trustworthiness and produce quality work.

XX. DRESS CODE

- A. Participant shall report to work with proper attire for the job and with proper personal hygiene.
- B. Participant with long hair shall braid or tie back their hair for safety reasons.

XXI. TOOLS

Since the Chapter does not provide tools or transportation, the participants must have a reliable transportation and the participants must have own tools such as hammer, saw, level, tool belt, etc.

XXII. OVERSIGHT

The Chapter Manager shall have the daily and overall oversight responsibilities for the PEP carried out by the Chapter.

XXIII. PERSONNEL MANAGEMENT POLICIES AND PROCEDURES

- A. The Chapter shall comply with all Five Management System which includes the Personnel Management Policies and Procedures for the Public Employment Program Participants in addition to these policies and procedures. .
- B. For more in-depth information regarding Personnel Management, please refer to the Five Management System Personnel Management Policies and Procedures.

XXIV. AMENDMENTS

Any amendments to the Public Employment Program Policies and Procedures may be recommended by any of the Chapter Administration or community members in written format, and forward supportive and argumentative signed documentation to the Chapter Manager and Chapter Officials for assessment.

All proposed amendments shall be presented by the Chapter President, in consultation with Navajo Nation Department of Justice, at a regular chapter meeting for final approval with a simple majority vote of the chapter membership

All proposed amendments shall be presented by the Chapter President, at a regular chapter meeting for final approval with a simple majority vote of the chapter membership.

The foundations to add, delete, or revise any section(s) or provision(s) of the Public Employment Program Policies and Procedures Manual would be subject to the following condition(s):

- A. The funding source has changed.
- B. The amount of the funding has tremendously increased or decreased.
- C. Procedures and Requirements for Submitting Amendments:
 - 1. Any proposed amendments to the Public Employment Program Policies and Procedures Manual must be submitted in writing with supportive documentation to the Chapter Manager.
 - 2. The proposed amendments must be drafted in a legislative format. The new language underline and old language stricken.
 - 3. The Chapter Manager, in consultation with the Navajo Nation Department of Justice and the Office of Auditor General, will review the proposed amendments to assure compliance with applicable federal, state and Navajo Nation laws, (necessity or realistic)
 - 4. If requirements 1, & 2 above are met, the Chapter Manager will forward the proposed amendments to the Chapter Officials for review and discussion at a regular scheduled planning meeting.
 - 5. The Chapter Officials may instruct the Chapter Manager to set a public hearing date, bi-annually time and location depending on whether the amendments are substantial and sufficient to warrant a public hearing.
 - 6. If the proposed amendment(s) are favorable by the public input process, the Chapter Officials will forward the recommendations to the chapter membership for approval or disapproval at a regular scheduled chapter meeting with a simple majority vote.
 - 7. Upon approval, the Chapter Manager will make all recommended changes to the Public Employment Program Fund Policies and Procedures with a supporting resolution bi-annually.

MEMORANDUM

DATE:

TO: All Chapter Public Employment Program Recipients

FROM: **Baca/Prewitt Chapter**

SUBJECT: Understanding the Chapter Public Employment Program
Policies & Procedures

RE: Job Description, Alcohol & Drug Free, Prohibition of
Sexual Harassment and Policies & Procedures

I, _____, have read and understood the Chapter Public
Employment Program Policies & Procedures.

I, _____, understand my job description and a copy of
the job description was given to me. I also received information from the Chapter Public
Employment Program Policies & Procedures regarding the alcohol & drug free work
place and environment. Furthermore, I understand that the work place shall be free of
Sexual Harassment and Hostile Environment as outlined in the Personnel Management
Policies and Procedures under the Five Management System.

SIGNATURE:

Public Employment Program Worker

Date

**PUBLIC EMPLOYMENT
PROGRAM POLICIES AND
PROCEDURES FOR CHAPTER
EXPENDITURES**

These policies and procedures will supersede the policies and procedures set by the TCDC.

PURPOSE

The purpose of these policies and procedures are to install a guideline for the Chapter to administer the Public Employment Program for Chapter Expenditures.

1. Provide Short-term employment for chapter membership to work on prioritized Chapter projects.
2. Reduce the unemployment rate at the Chapter and Navajo Nation level.
3. Provide on-the-job training to selected Chapter membership so they could obtain permanent and competitive employment with non-chapter employers.

FUNDS SOURCE

The Public Employment Program fund's source is the Navajo Nation Central Office semi-annually. Once the funds are disbursed to the Chapter, a budget is developed per projects.

The Budget consists of specific Chapter projects with specific time frame due to the workman's compensation compliance. The Projects and time frames are prioritized by the Chapter Manager based on needs.

ELIGIBILITY

1. Must be a Chapter registered voter for 1 year.

2. Must be a member of the Navajo Nation with a census number
3. Must be 18 years or older.

REQUIRED DOCUMENTS

1. Accurately completed Chapter Application.
2. Voter Registration Card
3. Social Security Card
4. Drivers Licenses or Picture ID
5. W-2 forms
6. New Mexico - New Hire Form
7. Project Application
8. Employment/Termination Notice
9. Signed Policies & Procedures, Alcohol & Drug Free, Prohibition of Sexual Harassment and Job Description acknowledge form

TOUR OF DUTY

The workdays are Monday through Friday, except Navajo Nation recognized Holidays.

The workday begins at 8:00AM to 12:00pm then 1:00pm to 5:00PM. (1-hour lunch).

WAGES

Since the Public Employment Program Funds are restricted budgeted funds, the hourly wage shall be minimum wage.

Wage increase may be granted based on job performance and approved through a Chapter Meeting for budget adjustments/transfer.

TAXES

FICA and MEDICARE taxes shall be automatically deducted from each payroll.

The Federal Tax and State Tax will be deducted based on the W-2 form.

TIMESHEETS

The payroll periods will be the same as the Navajo Nation Payroll Periods. The payroll will be drawn every two weeks.

The timesheets are due one week prior to the actual payroll date with all proper signatures and time approved.

BENEFITS

Since all participants are employed under the PEP as temporary employees, the participants are ineligible for Chapter sponsored fringe benefits.

However, all participants are covered through Navajo Nation Workers Compensation Program, when applicable.

The participants are also ineligible for holiday, personal leave of absence, or compensatory time off and ineligible for merit pay or bonus pay.

GRIEVENCE

Since all participants are employed under the PEP as temporary employees, the participants are ineligible for any type of grievance process.

SEXUAL HARASSMENT

The workplace shall be free of sexual harassment; therefore, such action is prohibited and will result in immediate termination.

HOSTILE ENVIRONMENT

The workplace shall be free of hostile behavior or environment; therefore, such action is prohibited

and will result in immediate termination.

SAFETY ENVIRONMENT

The Chapter shall provide a safe and friendly workplace and environment for all workers.

ILLEGAL DRUG AND ALCOHOL-FREE WORKPLACE

The workplace and environment shall be Alcohol & Drug free; therefore, such usage will result in immediate termination.

CODE OF CONDUCT

The participant shall conduct themselves with respect towards co-workers, chapter staff, chapter officials, community members, project clients, and all other persons.

The participants will conduct themselves with trustworthiness and produce quality work.

DRESS CODE

The participants shall report to work with proper attire for the job and with the proper personal hygiene.

Participants with long hairs shall braid or tie back their hair for safety reasons.

TOOLS

Since the Chapter does not provide tools or transportation, the participants must have a reliable transportation and the participants must have own tools such as hammer, saw, level, tool belt, etc.

PERSONNEL MANAGEMENT POLICIES AND PROCEDURES

The Chapter shall comply with all Five Management System Manuals which includes the Personnel Management Policies and Procedures for the Public Employment Program Participants.

For more in-depth information regarding Personnel Management, please refer to the Five Management System Personnel Management Policies and Procedures.

The Personnel Management Policies and Procedures are available upon request at the Chapter for review or copy for a fee of \$5.00.

The Chapter is always looking for innovative ideas for community improvements; therefore, do not hesitate to contact the chapter to share any innovative ideas.



Baca/Prewitt Chapter
P.O. Box 563
Prewitt, New Mexico 87045

Telephone: 505-972-9917
Fax: 505-972-4221

CHAPTER PUBLIC EMPLOYMENT PROGRAM POLICIES AND PROCEDURES

Effective:
November 12, 2012

REVISED
October 29, 2021

BACA/PREWITT CHAPTER PUBLIC EMPLOYMENT PROGRAM

**BACA/PREWITT CHAPTER
EMPLOYMENT/TERMINATION NOTICE**

NAME _____

DATE _____

SOCIAL SECURITY NO. _____

CENSUS NO. _____

DATE OF BIRTH _____

CHECK ONE

MALE	FEMALE
------	--------

MAILING ADDRESS _____

MARITAL STATUS _____

VETERAN

NO	YES
----	-----

 IF YES

WWII	KOREAN	VIETNAM	PEACETIME
------	--------	---------	-----------

ARE YOU PRESENTLY RECEIVING GENERAL ASSISTANCE?

NO	YES
----	-----

AGENCY _____

CHAPTER _____

PROJECT TITLE _____

PROJECT NUMBER _____

SUPERVISOR _____

DATE OF HIRE _____

HOURLY RATE OF PAY _____

ACCOUNT NO. _____

DURATION OF EMPLOYMENT (NO. OF DAYS) _____

ANTICIPATED TERMINATION

DATE _____

EMPLOYEE SIGNATURE _____

DATE _____

CHAPTER OFFICIALS SIGNATURE _____

DATE _____

CHAPTER MANAGER SIGNATURE _____

DATE _____

BENEFICIARY INFORMATION (MUST BE COMPLETED)

NAME OF BENEFICIARY ADDRESS OF BENEFICIARY TERMINATION NOTICE

RELATIONSHIP _____

DATE OF TERMINATION _____

REASON FOR TERMINATION _____

INFORMATION
INFORMATION FURNISHED BY _____

DATE _____

**BACA/PREWITT CHAPTER
PARENTAL CONSENT FORM**

PARTICIPANT NAME: _____

PARTICIPANT DATE OF BIRTH: _____

NAME OF PARENT OR LEGAL GUARDIAN: _____

ADDRESS OF PARENT OR LEGAL GUARDIAN: _____

PHONE NUMBER OF PARENT OR LEGAL GUARDIAN (IN CASE OF EMERGENCY): _____

CHAPTER: _____

PROJECT TITLE AND NUMBER: _____

LOCATION OF WORKSITE: _____

JOB
TITLE: _____

STATE OF DATE: _____

END
DATE: _____

JOB DESCRIPTION AND WORK ACTIVITIES TO BE
PERFORMED:

DESCRIPTION OF EQUIPMENT AND TOOLS TO BE USED:

I, _____, am the parent/legal guardian (circle one) of _____
age _____, and being duly informed of the above-mentioned employment Program, do
hereby consent to their placement in the Public Employment Program in the above-mentioned
worksite from _____ through _____ for the above-described
employment activities.

Signed:

Date:

Note: Minor participants are NOT to exceed 32 work hours per week!!

**BACA/PREWITT CHAPTER
PROJECT APPLICATION**

PROJECT NAME _____	PROJECT NUMBER _____
CHAPTER _____	PROJECT SITE _____
AGENCY _____	TOTAL EST. PROJECT COSTS _____
PROJECT SUPERVISOR _____	TOTAL EST. PEP FUND TO BE USED _____
PROJECT START DATE _____	NO. OF PROJECT PERSONNEL _____
PROJECT END DATE _____	CONTACT PERSON _____
TOTAL PROJECT DAYS _____	TELEPHONE NO. _____

DESCRIPTION OF PROJECT

BENEFITS TO BE DERIVED FROM THE PROJECT.

TASKS TO BE PERFORMED UNDER THE PROJECT

RESOURCES REQUIRED FOR THE PROJECT (Personnel, equipment, materials, etc.)

PROJECT READINESS

DESCRIPTION OF MONITORING AND EVALUATION OF PROJECT

ALTERNATIVE PROJECT (If the project should be completed before the designated date of completion)

**BACA/PREWITT CHAPTER
BREAK-DOWN OF TOTAL PROJECT COSTS**

- | | | |
|---|---|-------|
| 1 | Total amount of funding requested from Chapter. | _____ |
| 2 | Total Chapter in-kind contributions (equipment, etc.) | _____ |
| 3 | Total matching contribution from other sources. | _____ |
| 4 | Total Project costs (Add line 1+2+3=4) | _____ |

ASSURANCE:

The Chapter Manager hereby assures and certifies that the Chapter Administration and Chapter Officials will comply with all applicable regulations, policies, and requirements as they relate to the use of the Chapter funds for this project. The Chapter Administration and Chapter Officials further assure that they will not commence any project activities funded with Public Employment Program Funds until the project application and budget has been reviewed and approved by the chapter membership and signed by the appropriate Chapter Officials.

Signed this _____ day of _____
20 _____

Chapter Manager

Signed this _____ day of _____
_____ 20 _____

Chapter President

**BACA/PREWITT CHAPTER
PERSONNEL ROSTER**

CHAPTER: _____ PROJECT TITLE: _____

PROJECT NUMBER: _____ START DATE _____ END DATE _____

NO.	NAME	DATE OF BIRTH	SOCIAL SECURITY #	CENSUS #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Chapter Manager's Signature Date

OPEN DATE: _____

CLOSING DATE: _____

NAME: _____

DATE: _____

NO: _____

BACA PREWITT CHAPTER PEP EMPLOYMENT PACKET

Please use a black or blue pen to complete the application

The following documents must be attached with the application. NO EXCEPTIONS

- _____ Current PEP Application
- _____ Valid Driver's License or Picture ID
- _____ Social Security Card
- _____ Certificate of Indian Blood
- _____ NN Voter's Registration Card
- _____ Understanding the Chapter Public Employment Program Policy and Procedures
Job Description, Alcohol & Drug Free, Prohibition of Sexual Harassment and Policies
& Procedures
- _____ W-4 Withholding Certificate
- _____ New Mexico Hire Report
- _____ Resume with current references
- _____ Personnel Action Form (Will be completed if the applicant is hired)

DOCUMENTS CHECKED BY: _____

DATE: _____

IF COMPLETED, THE APPLICATION AND DOCUMENTATIONS WILL BE PRESENTED TO THE CHAPTER
MANAGER AND/OR OFFICIALS TO DETERMINE ELGIBILITY.

APPROVED

DISAPPROVED

Chapter Manager's Signature

COMMENTS:



BACA PREWITT CHAPTER

Employment Application

Post Office Box 563
 Prewitt, New Mexico 87045
 PHONE: 505-972-9917
 FAX: 505-972-4221

For Administration Use Only

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER		FIRST NAME		MIDDLE INITIAL	LAST NAME	
OTHER NAMES USED IF APPLICABLE		MAILING ADDRESS			CITY	STATE ZIP CODE
DRIVER'S LICENSE NUMBER		TYPE	<input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS:	STATE	EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER		MESSAGE NUMBER		E-MAIL ADDRESS		
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB (REQUIRED)</small>		IF NO, STATE NATIONALITY		DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not previously submitted, please provide a copy of DD Form 214/215</small>		DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach an Application for Veterans' Employment Preference</small>				
ARE YOU CURRENTLY EMPLOYED WITH THE NAVAJO NATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO				

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
--------------------	-----------------	----------------

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Navajo Nation gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.
Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO IF YES, GIVE DATE AND REASON.
ATTACH ADDITIONAL SHEET IF NECESSARY

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO
IF YES, GIVE DATE AND REASON

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

DO YOU HAVE ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO * YES NO IF YES, GIVE BRIEF DESCRIPTION
PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

* An incomplete answer will result in an incomplete application

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE NAVAJO NATION? YES NO

NAME/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

RELATIONSHIP:

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
	IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
	FROM	TO	
	TELEPHONE NUMBER		REASON FOR LEAVING
IMMEDIATE SUPERVISOR:			
DESCRIBE DUTIES AND RESPONSIBILITIES			

PRE EMPLOYMENT STATEMENT PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE BACA PREWITT CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE NAVAJO NATION TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE BACA PREWITT CHAPTER TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____ DATE _____

EMPLOYMENT HISTORY- CONTINUED

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	JOB TITLE
	FROM <input style="width: 50px;" type="text"/> TO <input style="width: 50px;" type="text"/>	
	TELEPHONE NUMBER <input style="width: 100px;" type="text"/>	REASON FOR LEAVING <input style="width: 100px;" type="text"/>
IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>		
DESCRIBE DUTIES AND RESPONSIBILITIES <input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	JOB TITLE
	FROM <input style="width: 50px;" type="text"/> TO <input style="width: 50px;" type="text"/>	
	TELEPHONE NUMBER <input style="width: 100px;" type="text"/>	REASON FOR LEAVING <input style="width: 100px;" type="text"/>
IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>		
DESCRIBE DUTIES AND RESPONSIBILITIES <input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	JOB TITLE
	FROM <input style="width: 50px;" type="text"/> TO <input style="width: 50px;" type="text"/>	
	TELEPHONE NUMBER <input style="width: 100px;" type="text"/>	REASON FOR LEAVING <input style="width: 100px;" type="text"/>
IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>		
DESCRIBE DUTIES AND RESPONSIBILITIES <input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		

EMPLOYER'S NAME AND MAILING ADDRESS	DATES EMPLOYED (MM/DD/YYYY)	JOB TITLE
	FROM <input style="width: 50px;" type="text"/> TO <input style="width: 50px;" type="text"/>	
	TELEPHONE NUMBER <input style="width: 100px;" type="text"/>	REASON FOR LEAVING <input style="width: 100px;" type="text"/>
IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>		
DESCRIBE DUTIES AND RESPONSIBILITIES <input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



New Mexico New Hire Reporting Form

Send completed forms to
New Mexico New Hires Directory
P O Box 29480
Santa Fe, NM 87592-9480

Or fax toll free to: 1-888-878-1614
or: 505-995-8232
For more information, call toll free: 1-888-878-1607
or: 505-995-8230
or: www.nm-newhire.com

EMPLOYER INFORMATION

(Please Print or Type)

Mandatory Information

**Federal Employer
Identification Number**

Employer Name

Street Address

City/State/Zip Code

Non-Mandatory Information:

**Payroll Address (if
different from street)**

City/State/Zip Code

**Employer Contact
Phone/Name**

EMPLOYEE INFORMATION

Mandatory Information

Non-mandatory Information

Name

Date of birth

SSN

Date of hire

Address

State of hire

City/State/Zip

**Medical
Insurance
Available?**

YES

NO

Name

Date of birth

SSN

Date of hire

Address

State of hire

City/State/Zip

**Medical
Insurance
Available?**

YES

NO



Baca/Prewitt Chapter

Cecil Lewis Jr., President
Cindy V. Howes, Vice President
Secretary-Treasurer
Daniel Tso, Council Delegate
Kevin Long, Land Board
Tina Becenti, Chapter Manager
Administrative Assistant



Jonathan Nez
President

Myron Lizer
Vice President

MEMORANDUM

January 13, 2021

TO: All Chapter Public Employment Program Participants

FROM: Baca/Prewitt Chapter

SUBJECT: Understanding the Chapter Public Employment Program Policies & Procedures

RE: Job Description, Alcohol & Drug Free, Prohibition of Sexual Harassment and Policies & Procedures

I, _____, have read and understood the Chapter Public Employment Program Policies & Procedures.

I, _____, understand my job description and a copy of the job description was given to me. I also received information from the Chapter Public Employment Program Policies & Procedures regarding the alcohol & drug free work place and environment. Furthermore, I understand that the work place shall be free of Sexual Harassment and Hostile environment as outline in the Personnel Management Policies and Procedures under the Five Management System

Signature:

Public Employment Program Worker

Date: