



NAVAJO AGRICULTURAL PRODUCTS INDUSTRY (NAPI)  
**EMPLOYMENT APPLICATION (REGULAR FULL-TIME)**

P.O. Drawer 1318, Farmington, NM 87499 | Main: 505-566-2600 | Fax: 505-960-9458 | [www.navajopride.com](http://www.navajopride.com)

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**Mission Statement**

“Continue the legacy of Navajo Farming, producing superior products,  
practicing stewardship and creating value for our people.”

**Vision Statement**

“Farming sustainably across generations to cultivate a healthy nation.”

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Dear Applicant,

Thank you for your interest in employment with Navajo Agricultural Products Industry.

Your application will be reviewed and considered by the Human Resources Department for the position you have applied for. You will be contacted if selected for an interview for the desired position. If not selected for an interview, your application will be retained for one full year. You are welcome to inquire about our other current positions.

Current positions may be found at: [www.navajopride.com](http://www.navajopride.com)

- If the position you are applying for requires a valid state issued driver’s license, please attach a copy of your driving history for the last three years in order for your application to be considered.

Again, thank you for your interest.

Sincerely,  
NAPI Human Resources

NAPI gives preference to eligible and qualified applicants in Accordance with the Navajo Preference in Employment Act (NPEA) and Navajo Veteran’s Preference.



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Today's Date: \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Navajo Agricultural Products Industry is an equal opportunity employer and does not discriminate on the basis of religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law other than the Navajo Preference in Employment Act.

NAVAJO AGRICULTURAL PRODUCTS INDUSTRY IS A DRUG FREE WORKPLACE

PERSONAL INFORMATION

Form with fields for POSITION DESIRED (1), POSITION DESIRED (2), DATE AVAIL. TO WORK, FIRST NAME, LAST NAME, MID. INIT., ADDRESS, CITY, STATE, ZIP, PHONE (1), PHONE (2), EMAIL.

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

Are you 18 years of age or older? [ ] YES [ ] NO

If the position you are applying for requires that you possess a valid state issued driver's license, can you provide documents to establish ability to operate a company vehicle? [ ] YES [ ] NO

Have you ever been convicted of, or pled guilty, or no contest, to a crime other than a minor traffic violation, including a DUI? [ ] YES [ ] NO

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

VOLUNTARY INFORMATION

Hiring will be in accordance with the Navajo Preference in Employment Act and Navajo Veterans Preference. The following questions will be used for information purposes in ensuring that these requirements are met. Participation is strictly voluntary.

Claim Navajo Preference? [ ] YES [ ] NO CENSUS #: [ ] CHAPTER: [ ]

Claim American Indian Preference? [ ] YES, If yes, Tribe: [ ] NO

Claim Veteran's Preference? [ ] YES [ ] NO If yes, please provide the following:

Form with fields for BRANCH, FROM, TO, RANGE/TYPE.

A copy of the DD Form 214 and/or DD Form 215 is required to qualify for Veteran's Preference.

**RELATIVES AT NAPI**

It is the policy of NAPI to avoid the practice and the appearance of nepotism in employment. In carrying out this policy, no person shall be hired to a position which is within the same department of a relative, or under the supervision of a relative.

Are you related to anyone within NAPI?  YES  NO If yes, provide the following information:

NAME:  RELATIONSHIP:  DEPT:

**EMPLOYMENT HISTORY**

In addition to the specific skills, education and experience required, any candidate for a position with NAPI must demonstrate through their employment and other work related activities: integrity, competence, professional behavior, team work, operating knowledge of the position in which you are applying, customer service skills, reasonable job stability, and dependability, as determined by NAPI in its reasonable discretion. NAPI retains the right to contact the applicant's prior employers and others to determine if these necessary qualifications are met.

Have you ever been employed by NAPI?  YES  NO

If yes, specify: DATE:  DEPARTMENT:

Are you currently employed?  YES  NO

If yes, may we contact your present employer?  YES  NO

**Beginning with the most recent employer, list all employment for the last 10 years**  
(attach additional page if necessary).

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

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

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

**EDUCATION**

High School

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

College/University

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

College/University

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

Vocational / Trade / Business School

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

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

**GENERAL INFORMATION**

Please list any special training and/or skills:

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Please list farm equipment, implements and/or tools that you can operate:

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Please list office equipment, software, and other machinery you can operate:

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Computer Proficiency:  Excellent  Good  No Experience    Typing / Keyboarding Speed: \_\_\_\_\_wpm

Please list licenses, certifications, honors, and/or professional memberships that you feel are relevant to the position:

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**WORK RELATED REFERENCES – Do not list relatives**

NAME	OCCUPATION	YEARS KNOWN	PHONE

How did you hear of NAPI?  Newspaper, which one? \_\_\_\_\_  
 Website             Radio             Magazine  
 Referred? By whom? \_\_\_\_\_

**ACKNOWLEDGMENTS AND AUTHORIZATIONS – Please read and initial each statement.**

\_\_\_\_\_ I understand that NAPI is requesting that I consent to a thorough background investigation regarding my work and personal history, and that I have been provided with a separate authorization regarding that background investigation.

\_\_\_\_\_ I understand that NAPI may require the completion of a drug and/or alcohol test as a condition of employment.

\_\_\_\_\_ I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Referrals to the appropriate department shall be made only if a position is available and only upon the submission of a completed and satisfactory application where the applicant meets all necessary and minimum qualifications.

**The foregoing information is true and complete to the best of my knowledge:**

\_\_\_\_\_

Signature of Applicant

Date



NAVAJO AGRICULTURAL PRODUCTS INDUSTRY (NAPI)
BACKGROUND AUTHORIZATION

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This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish NAVAJO AGRICULTURAL PRODUCTS INDUSTRY and MAXIMUM REPORTS, INC., and/or its representative's permission and authority to conduct a background check in order to determine my suitability for my tenure with NAVAJO AGRICULTURAL PRODUCTS INDUSTRY.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of NAVAJO AGRICULTURAL PRODUCTS INDUSTRY and MAXIMUM REPORTS, INC., regardless of any previous agreement to the contrary.

Information required to conduct Navajo Nation Criminal and Traffic History Checks is as follows:
• Valid Identification Card or State driver's License with Photograph
• Copy of Applicant's Certificate of Indian Blood (CIB)
• Notarized authorization
Applicant's Full Name (Please Print) Social Security Number
Address Date of Birth
City, State, Zip Code Driver's License Number, State

Must Be Notarized

Applicant's Authorized Signature Date

STATE OF
COUNTY OF

On this day of, before me, Name of Notary Public

the undersigned Notary Public, personally appeared Name(s) of Signer(s)

[Place Notary Seal/Stamp here]

Signature of Notary Public

Printed Name of Notary

My Commission Expires