

Career Summary:

Company or Institution	Last Title and Position	Year Begun	Year Ended

Character References:

(List three characters references that are **not** related to you.)

1. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

2. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

3. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

I submit this application to the Akimel O’odham/Pee-Posh Youth Council and do solemnly swear that the contents contained herein are true to the best of my knowledge and I understand that any false, erroneous, or incomplete information may result in my disqualification.

Your signature is required to validate application information.

Applicant Signature

Date

Scan & Email to: YouthCouncil@gric.nsn.us
Call for more information: (520) 562-1866
or visit our website or facebook page.