



Human Resources Office TON HEALTH CENTERS Employment Application Position List



Date of Submission: _____

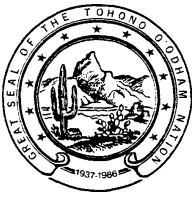
Thank you for your interest in employment with the Tohono O'odham Nation Health Center. Please complete the following information, and submit it with your application packet. Thank you.

Name: _____ Social Security Last Four: **XXX-XX-** _____
 Last First Middle

List the 210 Number, Position Title, and Department, as noted on the current job summary for all interested vacancies.
NOTE: Applications will not be processed if the 210's numbers are omitted and/or if the 210 number does not match the Position Title. **Exception:** If the position is listed as "Continuous" or the position is not noted with a 210 number, write "210 Number Not Listed", under HRO 210 Number:

HRO 210 Number	Position Title	Location / Department
1. 2999	Cook	Sells – Nutrition & Dietetic (Example)
1		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

NOTES: Only one application needed, with this form.



Tohono O'odham Nation Executive Branch
HUMAN RESOURCES OFFICE

P.O. Box 837, Sells Arizona 85634 Phone: (520) 383-6540 Fax: (520) 383-4676
Website: www.tonation-nsn.gov

Name: _____ Date: _____

HOW TO COMPLETE THE EMPLOYMENT APPLICATION

Thank you for your interest in employment with the Tohono O'odham Nation!

Attached are the following forms: a) Position List, b) Application for Employment, c) Authorization to Release Information, and d) Background check form.

READ CAREFULLY THE FOLLOWING BEFORE COMPLETING AND SUBMITTING YOUR EMPLOYMENT APPLICATION

- 1) Review the current job summary to ensure the position(s) you are interested in are listed on the job summary.
2) Read the position's job announcement and provide all required documents.
3) Use the following as your "CHECK LIST"

The listed documents below MUST BE ATTACHED to your employment application. Failure to submit the required documents will exclude your application from further processing and it will be returned to you. CHECK MARK those items that you have attached to your application.

- Position List Form
Authorization to Release Information Form, with original signature.
Current resume;
High School Diploma or transcript to include a graduation date and/ or General Education Diploma...
Copy of unofficial college transcripts, diplomas, certifications and/or licensures...
If claiming Indian Preference, submit a copy of your Tribal enrollment identification;
Copy of your driver's license, if driving is required...
NOTE: Applications for clerical position(s) must submit clerical test results.

INCOMPLETE EMPLOYMENT APPLICATION PACKETS will not be processed and will be returned if:

- (Initial) Required documents are not attached or your application is illegible...
Resume' is submitted without the employment application.
Faxed or scanned applications will not be accepted.

- 4) List all work history, paid and unpaid. This is important! All education, work history and trainings you have acquired...
5) Police Officer employment application must include the Arizona Peace Officer Standards and Training Board forms.

Life of Application and Examination Papers. Examination papers and applications for any examinations shall be preserved for a period of six (6) months or for the duration of the Eligibility List.

Please keep copies of all your documents for your own reference.

Revised: October 1, 2016



Tohono O'odham Nation HUMAN RESOURCES OFFICE

P.O. Box 837 ~ Sells, Arizona 85634

Phone: (520) 383-6540 ~ (520) 361-3766 ~ (520) 362-3766 ~ Tucson (520) 623-5783

Fax: (520) 383-4676 ~ Website: www.tonation-nsn.gov

Human Resources Office Only

Title of Position Desired: _____

Date: _____

How did you learn about this vacancy: _____

Would you consider temporary? YES NO

Have you worked for the Tohono O'odham Nation previously? YES NO

Dates: _____

Personal Information

Name: _____

Last

First

Middle

Social Security #: _____

Are you known by other names while previously employed? YES NO

If YES, list name: _____

Last

First

Middle

Mailing Address: _____

P.O. Box/ Street Address

City

State

Zip Code

Location Address: _____

Street Address

City

State

Zip Code

Telephone number

Day: (____) _____

Evening: (____) _____

Indian Preference

Are you registered with a Federally recognized Indian Tribe? YES NO

Proof of documents attached? YES NO

If yes, what Tribe: _____

Military

Are you a Veteran? YES NO

Branch & Dates of Service: _____

Rank & Type of Discharge: _____

Date of Discharge: _____

Indicate Language(s) you: (Other than English)	Understand	Speak	Read	Write	Degree of Proficiency

Name: _____

References

List three (3) individuals whom you have known at least three years.
(Do not list relatives or supervisors.)

Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number

Specialized Training

List any specialized training, apprenticeship and skills you may have received that relates to this position (include number of hours and course content)

List any job related certificates or licenses that relates to this position.

List any office equipment proficiencies/software/word processing applications you are familiar with?

Current typing speed: _____

Education

	Name and Address	Course of Study	Did you Graduate	List Degree(s) Awarded
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business or Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School or Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please submit proof of Transcripts, Degrees, Diplomas or Certificates

“Resumes are not accepted in lieu of an official application”

Name: _____

General Information

Are you employed now? YES NO

May we contact your present employer? YES NO

Are you a US Citizen? YES NO Are you over the age 18? YES NO (If you answered NO, employment is subject to verification of minimum legal age)

Do you have a valid driver's license? YES NO

Do you have any DUI's or major traffic offenses within the past three (3) years? YES NO

Have you been convicted of a felony in the past ten (10) years which has not been annulled, expunged or sealed by a court? YES NO

If Yes, please explain; include date, place, details and disposition of case (**A conviction does not automatically mean that you cannot be considered for employment**). Use a separate sheet of paper to complete this question.

List name(s) of relative(s) working for the Tohono O'odham Nation

Name	Relationship	Department	Title

I, _____ hereby declare that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any deliberate falsification, omission, or misstatement of facts in my application or resulting interviews could result in termination of my employment. I understand the application and all supporting documents are the property of the Tohono O'odham Nation. I understand that if I am hired, I am required to abide by all rules, regulations and policies of the Tohono O'odham Nation

Signature: _____

Date: _____



Tohono O'odham Nation, Executive Branch
HUMAN RESOURCES DEPARTMENT

P.O. Box 837; Sells, Arizona 85634 Phone: (520) 383-6540 ~ (520) 361-3766 ~ (520) 362-3766
 Tucson: (520) 623-5783 Fax: (520) 383-4676 ~ Website: www.tonation-nsn.gov

I, _____ in consideration of my employment or being considered for employment, by the Tohono O'odham Nation, do hereby give permission to release any information on the following to the Human Resources Office.

- Conviction of a felony
- Misdemeanor or conviction.
- Conviction for DUI or other major traffic violations within the past three (3) years.

I also do hereby represent that I have never been convicted of a felony or misdemeanor involving moral turpitude, and authorize and consent to the disclosure by and to any law enforcement agency, department or officer, to the Tohono O'odham Nation and the Bureau of Indian Affairs, or any of their Officers or agents, any information that they may have or procure concerning my past record or character, hereby waiving any protection I may have to the confidentiality thereof, and releasing them from any claim which may arise on account thereof, or on account of the release or dissemination thereof.

Dated this day of 20

 SIGNATURE OF APPLICANT

Witness: Human Resources or Other: _____

Name _____

Address _____

Telephone Number _____

Applicant Information

Date of birth: Social Security Number:

Driver's License Number: Class: Expires:

Address, City or village, state of residence for the past five (5) years

Tohono O'odham Nation
Human Resources Office
Authorization of Release of Information (HRP272)

I, _____, in consideration of my employment or being considered for employment by the Tohono O'odham Nation, do hereby authorize any and all; individuals, partnerships, corporations, entities or governmental (tribal, State, county, or federal) agencies, to release information to the Tohono O'odham Nation Human Resources Office regarding my past employment with your company and any additional information as required.

Signature: _____

Date: _____

Social Security Number: _____

Signature: _____

Date: _____

Witness