



# Human Resources Office Executive Branch Employment Application Position List

Date of Submission: \_\_\_\_\_

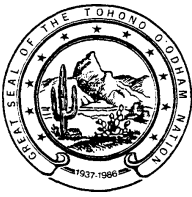
Thank you for your interest in employment with the Tohono O'odham Nation. Please complete the following information, and submit it with your application packet. Thank you.

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	Department
1. 8026	Cook	Corrections (Example)
1		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

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—You may submit an Associates Degree or higher in lieu of your High School Diploma or General Education Diploma;
Copy of unofficial college transcripts, diplomas, certifications and/or licensures may be submitted to determine education and experience.
If claiming Indian Preference, submit a copy of your Tribal enrollment identification;
Copy of your driver’s license, if driving is required (review the position job announcement for clarification);
NOTE: Applications for clerical position(s) must submit clerical test results. Clerical tests can be scheduled by appointment at the Human Resources Office in person or by calling the number listed above.

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

(Initial)

- Required documents are not attached or your application is illegible (difficult to read). Original signature and date are missing.
Resume’ is submitted without the employment application.
Faxed or scanned applications will not be accepted. Originals must be submitted within three business days.

- 4) List all work history, paid and unpaid. This is important! All education, work history and trainings you have acquired, will assist in determining your qualifications. (All application attachments are accepted as the official employment application provided it is complete.)
5) Police Officer employment application must include the Arizona Peace Officer Standards and Training Board (Arizona P.O.S.T.) 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. All such documents become the sole property of the Human Resources Office.

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](http://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

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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

Three horizontal lines for address entry.



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