



## Tohono O'odham Nation Executive Branch HUMAN RESOURCES OFFICE

P.O. Box 837 ~ Sells, Arizona 85634 ~ Phone: (520) 383-6540 ~ Tucson (520) 547-8197  
Sells Fax: (520) 383-4676 ~ Website: [www.tonation-nsn.gov](http://www.tonation-nsn.gov)

### **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) Applications for Employment, c) Authorization to Release Information, and d) Background check form.

**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, signed and dated.*

\_\_\_\_\_ *Current resume*

\_\_\_\_\_ *High School Diploma or transcripts 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 valid licensures must be submitted to determine education and experience.*

\_\_\_\_\_ *Health Care positions require official transcripts.*

\_\_\_\_\_ *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);*

\_\_\_\_\_ *Current Motor Vehicle Record (MVR)-39 Month Report*

*If you do not have an MVR, one can be acquired through the following website: [www.servicearizona.com/webapp/citizenMVR/](http://www.servicearizona.com/webapp/citizenMVR/) Or visit your nearest Motor Vehicle Division.*

#### **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.*

*Applications for Police Officer positions must include notarized Arizona Peace Officer Standards and Training Board (Arizona P.O.S.T.) forms.*

**Life of Application and Assessment Records.** Applications and assessment documents are 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: March 9, 2018



# Human Resources Office Executive Branch 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

\_\_\_\_\_  
Email

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 "Open Continuous" write "Open Continuous" under HRO 210 Number:

HRO 210 Number	Position Title	Department
1. 8026 / <i>Open Continuous</i>	<i>Cook</i>	<i>Corrections (Example)</i>
1.		
2.		
3.		
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20.		

NOTES: **Only one employment application needed, with this form.**  
**(Applications are valid for a six (6) month period)**



# Tohono O'odham Nation HUMAN RESOURCES OFFICE Employment Application

P.O. Box 837 ~ Sells, Arizona 85634 ~ Phone: (520) 383-6540 ~ Tucson (520) 295-2464  
Sells Fax: (520) 383-4676 ~ Website: [www.tonation-nsn.gov](http://www.tonation-nsn.gov)

**Human Resources Office Only**  
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

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

If YES, list name: \_\_\_\_\_  
Last First Middle

Would you like to be contacted through email?  YES  NO Email \_\_\_\_\_  
(If Yes please provide email address)

Mailing Address: \_\_\_\_\_  
P.O. Box/ Street Address City State Zip Code

Physical 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) Spoken:  English  Tohono O'odham  Spanish  Other

**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?

Supervisory Training:  YES  NO If yes, how many years acquired: \_\_\_\_\_

**Health Center Applicant Only**

I currently hold active licenses and certifications in the following states and organizations:

State/Organization	License/ Certificate Number	Expiration Date

I have inactive licenses and certifications in the following states and organizations:

State/Organization	License/ Certificate Number	Expiration Date

*Please submit proof of Transcripts, Degrees, Diplomas or Certificates*

**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	

List employment history (start with the most recent). It is important to include **all** periods of employment; voluntary, training, military, etc. If more space is needed, use the same format on another piece of paper or a continuation sheet in the same format. Please explain gaps in employment. **Please do not list as "Please see attached resume."**

Company's Name: _____	Supervisor's name: _____
Job Title: _____	Supervisor's Title: _____
Address: _____	Phone Number: _____
City/State/Zip: _____	How many people did you supervise: _____
Worked From (mo/yr): _____ To (mo/yr): _____	Starting pay: \$ _____ Ending Pay: \$ _____
Average hours worked per week: _____	Reason for leaving: _____
Describe Work Skills: _____	
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Company's Name: _____	Supervisor's name: _____
Job Title: _____	Supervisor's Title: _____
Address: _____	Phone Number: _____
City/State/Zip: _____	How many people did you supervise: _____
Worked From (mo/yr): _____ To (mo/yr): _____	Starting pay: \$ _____ Ending Pay: \$ _____
Average hours worked per week: _____	Reason for leaving: _____
Describe Work Skills: _____	
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_____	

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Job Title: _____	Supervisor's Title: _____
Address: _____	Phone Number: _____
City/State/Zip: _____	How many people did you supervise: _____
Worked From (mo/yr): _____ To (mo/yr): _____	Starting pay: \$ _____ Ending Pay: \$ _____
Average hours worked per week: _____	Reason for leaving: _____
Describe Work Skills: _____	
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***"Resumes are not accepted in lieu of an official application"***

Please do not list as "Please see attached resume."

Company's Name: _____	Supervisor's name: _____
Job Title: _____	Supervisor's Title: _____
Address: _____	Phone Number: _____
City/State/Zip: _____	How many people did you supervise: _____
Worked From (mo/yr): _____ To (mo/yr): _____	Starting pay: \$ _____ Ending Pay: \$ _____
Average hours worked per week: _____	Reason for leaving: _____
Describe Work Skills: _____	
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Company's Name: _____	Supervisor's name: _____
Job Title: _____	Supervisor's Title: _____
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Average hours worked per week: _____	Reason for leaving: _____
Describe Work Skills: _____	
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***"Resumes are not accepted in lieu of an official application"***

**General Information**

Are you employed now?  YES  NO

May we contact your recent employer?  YES  NO

Are you a US Citizen?  YES  NO

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

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 questions.*

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

**Print Full Legal Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Tohono O'odham Nation, Executive Branch**  
**HUMAN RESOURCES DEPARTMENT**

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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 been) , (have not 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: \_\_\_\_\_

\_\_\_\_\_  
PRINT FULL LEGAL NAME

\_\_\_\_\_  
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 seven (7) years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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.

Print Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness