

TOHONO O'ODHAM NATION TRIBAL EMPLOYMENT RIGHTS OFFICE

P.O. Box 40 Sells, Arizona 85634 Direct Line (520) 383-3304 Tucson Line (520) 547-8160 Fax (520) 383-2781 Email: tero@toua.net



These instructions will serve as a guide for all individuals seeking employment through the T.E.R.O. hiring hall. When filling out the application notice the front page on the top right hand corner "Application Resume." This application should be treated as such and be properly filled using good penmanship, grammar and spelling. Should you require further assistance please do not hesitate to ask, our staff will be happy to assist you.

HOW TO COMPLETE THE T.E.R.O. APPLICATION

There are three sections to the TERO application.

SECTION 1: DEMOGRAPHICS

- Complete a TERO Application to bring to get scheduled for Orientation and interview.
- Required Documents Tribal ID or CIB and Social Security Card.
- > Orientation and interview are held every Wednesday, excluding holidays. Your efforts to be on time are also an indication of your willingness to be at the jobsite on time.
 - Sells: Orientation held virtually every Wednesday at 9:00 a.m.
- Plan to spend about an hour to go through the entire orientation and interview process.
- Answer all questions on the application and provide requested information. Indicate "N/A" in the space if the question or requested information does not apply.
- Recommended but not required to attach the following; a copy of your high school diploma or GED, college degree, training certificates, any recommendation letters.

SECTION II: EMPLOYMENT HISTORY

List all previous employers you have worked for, include all paid, unpaid and volunteer work. Begin with the most recent job with emphasis on dates, duties, responsibilities and addresses.

A resume may be submitted with your application; however, you will still need to complete the application.

SECTION III: JOB TITLES AND SKILLS

List the skills from the skill inventory sheet. List only the skills that you have acquired during employment/training.



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EMPLOYMENT APPLICATION AND RESUME

SECTION I	DEMOGRAPHICS				
Social Security Number:	Tribe/District:				
Tribal Enrollment Number:					
Address:					
Place of Current Residence:	State: Zip Code:				
Home Teleph	Cell Number: 2. ()				
	Telephone Number: 3. ()				
Email Address	:				
Gender: Male	Female				
Do you have a valid driver's license? Yes No Class D Class A Class B Class C Class D Have you ever been arrested for any crime? Yes No Felony Misdemeanor If yes list date, charge, place, court and action taken:					
II yes list date, charge, place, court and action taken.					
Who referred applicant? Self Federal/Local Agency Friend Are you a Veteran? Yes No If yes please attach copy of DD Form 214					
Type of employment you are seeking? Are you willing to work:					
Regular Yes No	Shift Yes No Rotating Yes No				
Local Yes 🗌 No	Part-Time Yes No Temporary Yes No				
On-Call Yes ☐ No ☐	Travel Yes No Relocate Yes No				

EDUCATIONAL DATA				
Diplom	a: G.E.D. Date of Gra	aduation/G.E.D. received:		
Name of High Sch	ool/Facility where GED was receive	ed:		
	City:		-	
		 -		
	(Use separate s	sheet of paper to add more)		
	No Certificate: Yes	No Type: Date of Graduation:		
	City:			
Field of Study:			-	
	te: Yes No	Date of Graduation:		
Name of Trade	School:			
	City:	State:		
Field of Study:				
			-	
SECTION II	EMPL	OYMENT DATA ate sheet if needed)	-	
SECTION II	EMPL (Use separ	OYMENT DATA		
SECTION II Mo.	EMPLo (Use separ	OYMENT DATA ate sheet if needed)		
Mo. Start:	Yr. / Title/Position:	OYMENT DATA ate sheet if needed)		
Mo. Start: End: Hours/Week	Yr. / Name of Employer: Street or location	OYMENT DATA ate sheet if needed)		
Mo. Start:	Yr. / Name of Employer: Street or location City	OYMENT DATA ate sheet if needed)		
Mo. Start: End: Hours/Week	Yr. / Name of Employer: Street or location City Supervisor	OYMENT DATA ate sheet if needed) State Zip Code		
Mo. Start: End: Hours/Week	Yr. / Name of Employer: Street or location City	OYMENT DATA ate sheet if needed) State Zip Code Contact Yes		
Mo. Start: End: Hours/Week Pay Rate	Yr. / Name of Employer: Street or location City Supervisor Phone ()	OYMENT DATA ate sheet if needed) State Zip Code Contact Yes	-	
Mo. Start: End: Hours/Week Pay Rate	Yr. / Name of Employer: Street or location City Supervisor Phone ()	OYMENT DATA ate sheet if needed) State Zip Code Contact Yes	-	
Mo. Start: End: Hours/Week Pay Rate Job Duties:	Yr. / Name of Employer: Street or location City Supervisor Phone () eason: 1 - Reduction in force 2 - Job complete 3 - Retired 4 - Seek other job 5 - Sickness	OYMENT DATA ate sheet if needed) State Zip Code Contact Yes No George Action G	-	

EMPLOYMENT DATA					
Mo. Start: End: Hours/Week Pay Rate	Street or location City Supervisor	State Zip Code			
Job Duties:		- Contact Yes No			
Termination R		☐ 6 - Personal reason ☐ 7 – Leaving Town ☐ 8 – Fired ☐ 9 – Currently employed ☐ 10 – Volunteer			
Mo.	Yr. I Title/Position: Name of Employer: Street or location City				
Job Duties:	Phone () _				
Termination R	eason:				
	1 – Reduction in force 2 – Job complete 3 – Retired 4 – Seek other job 5 – Sickness n:	 6 - Personal reason 7 - Leaving Town 8 - Fired 9 - Currently employed 10 - Volunteer 			
Mo. Start: End: Hours/Week Pay Rate	Street or location City Supervisor	State Zip Code			
Job Duties:		Contact Yes No			
Termination R	eason:				
Explanation	1 – Reduction in force 2 – Job complete 3 – Retired 4 – Seek other job 5 – Sickness	☐ 6 - Personal reason ☐ 7 - Leaving Town ☐ 8 - Fired ☐ 9 - Currently employed ☐ 10 - Volunteer			

SECTION III JOB SKILLS					
Skill Name	Skill Name	Skill Name			
-					
I certify that the information given here is true and complete to the best of my knowledge and authorize investigation of all statements as necessary. I understand that this application is not an employment contract; that upon employment, false or misleading information in my application or interview may result in discharge; that I am required to abide by the rules and					
regulations of TERO and that to do other	erwise may result in suspension from TERO.	in required to ablae by the rules and			
Signature:	Date:				
(Signature)					
Compliance Officer:	Orientation Date:				
Comments:					
-					
-					
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