

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: |
|--------|-------|
| ranic. | 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 and/or certifications may be submitted to determine education and |
| | experience. |
| | Training certificates; |
| | Three (3) reference letters, dated within one year period and signed; |
| | |
| | Copy of your Arizona driver's license, if driving is required; |
| | , |
| | <u>NOTE</u> : 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. |
| INC | OMPLETE EMPLOYMENT APPLICATION PACKETS will not be processed and will be returned if: |
| | |
| | (<u>Initial)</u> |
| | |
| | Required documents are not attached or your application is illegible (difficult to read). Original signature |
| | and date are missing. |
| | and date are missing. Resume' is submitted without the employment application. |
| | 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 |
| | and date are missing. Resume' is submitted without the employment application. |

- 4) <u>List all work history, paid and unpaid</u>. 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.

<u>Life of Application and Examination Papers.</u> 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.



Date of Submission:_

Human Resources Office Executive Branch Employment Application Position List

| , | ou for your interest in emple with your application packet | • | ohono (| O'odham Nation | n. Please | complete the fo | ollowing | g information, | and |
|-------|--|-------|---------|----------------|-------------|-----------------|----------|----------------|-----|
| Name: | | | | S | Social Secu | ırity Last Four | : хх | (X-XX- | |
| • | Last | First | | Middle | | | | | |

List the 210 Number, Position Title, and Department, as noted on the current job summary for <u>all</u> 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.



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| | | | | Human | Resources Office Only | |
|---|---------------------|-------------------|-----------------------|------------------|-----------------------|--|
| Title of Position Desired: | | | | Date: | | |
| How did you learn about this vacancy: | | | W ould you | u consider tempo | rary? | |
| Have you worked for the Tohono O'odh | nam Nation previou | ısly? 🗌 YE | S 🗌 NO Da | ates: | | |
| | | | | | | |
| Personal Information | | | | | | |
| Name: Last | | First | | Middle |) | |
| Social Security #: | A re | you known by ot | her names while | previously emplo | oyed? YES NO | |
| If YES, list name: | | | | | | |
| Last | | First | | Middle |) | |
| Mailing Address: P.O. Box/ Street Address | 11 | 0:1 | 01 | -1- | 7'. 0. 1. | |
| | idress | City | Sta | ate | Zip Code | |
| Location Address: Street Address | | City | Sta | ate | Zip Code | |
| Telephone number Day: (|) | · | | | · | |
| Totophono hambor Bay. (| , | | 9. (, | | | |
| Indian Preference | | | | | | |
| Are you registered with a Federally rec | ognized Indian Trib | oe? □ YES □ □ | NO P roof of (| documents attach | ned? ☐ YES ☐ NO | |
| If yes, what Tribe: | | | | | | |
| 11 you, what thoo. | | | | | | |
| Military | | | | | | |
| A re you a Veteran? ☐ YES ☐ NO | Branch & Dates | of Service: | | | | |
| | | | | | | |
| Rank & Type of Discharge: Date of Discharge: | | | | | | |
| Indicate Longue 22/5\ | l lo doveten d | C most. | Dood | \\/w:4 a | Dogge of | |
| Indicate Language(s) you: (Other than English) | Understand | Speak | Read | Write | Degree of Proficiency | |
| (55 | | | | | | |
| | | | | | | |
| | | | | | | |

| References | | | | | | | |
|--|---|------------------------|-------------------------|------------------------------|--|--|--|
| List three (3) individuals whom you have known at least three years. | | | | | | | |
| | (Do <u>not</u> list rel | atives or superviso | rs.) | | | | |
| Name | Address | City/State/Zip | To | elephone Number | | | |
| Name | Addiess | City/State/Zip | 16 | siephone Number | | | |
| Name | Address | City/State/Zip | Te | elephone Number | | | |
| | | | | • | | | |
| Name | Address | City/State/Zip | Te | elephone Number | | | |
| | | | | | | | |
| Specialized Tra | ining | | | | | | |
| List any specializ course content) | zed training, apprenticeship and skills you mag | y have received that r | elates to this position | (include number of hours and | | | |
| | | | | | | | |
| List any job rela | red certificates or licenses that relates to this | position. | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | | |
| | | | | | | | |
| List any office ed | quipment proficiencies/software/word process | sing applications you | are familiar with? | | | | |
| | | | | | | | |
| | | | | | | | |
| Current typing sp | Current typing speed: | | | | | | |
| Education | | | | | | | |
| | Name and Address | Course of Study | Did you | List Degree(s) Awarded | | | |
| | | | Graduate | | | | |
| High School | | | YES NO | | | | |
| Business or Trade School | | | ☐ YES ☐ NO | | | | |
| College or University | | | ☐ YES ☐ NO | | | | |
| Graduate School or Other | | | ☐ YES ☐ NO | | | | |

Please submit proof of Transcripts, Degrees, Diplomas or Certificates

| Job Title:Address: | | Phone Number: | |
|---|-------------|---|---------------|
| City/State/Zip: Worked From (mo/yr): Average hours worked per week: Describe Work Skills: | | Starting pay: _\$ Ending Pa | ıy: \$ |
| | | | |
| Company's Name: Job Title: | | Supervisor's name: Supervisor's Title: | |
| Address: | | Phone Number: | |
| City/State/Zip: | | How many people did you supervise: | |
| Worked From (mo/yr): Average hours worked per week: Describe Work Skills: | | Starting pay: _\$ Ending Pa | ay: <u>\$</u> |
| | | | |
| Company's Name: | | Supervisor's name: | |
| Job Title: | | Supervisor's Title: | |
| Address: | | Phone Number: How many people did you supervise: | |
| City/State/Zip: Worked From (mo/yr): | To (mo/yr): | | |
| Average hours worked per week: Describe Work Skills: | | Reason for leaving: | |
| | · | | |

Name:

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

"Resumes are not accepted in lieu of an official application"

TON Application Page 5

HRP 221

| Name: | |
|-------|--|

Revised 03/14/2000

| General Information | | | | | |
|---|---|--|--|--|--|
| Are you employed now? ☐ YES ☐ NO May we do | contact your present employer? | | | | |
| Are you a US Citizen? ☐YES ☐ NO Are you over the age 18 | 3? ☐YES ☐ NO (If you answered NO, employment is subject to verification of minimum legal age) | | | | |
| D o you have a valid driver's license? | □YES □ NO | | | | |
| D o you have any DUI's or major traffic offenses within the past the | nree (3) years? | | | | |
| Have you been convicted of a felony in the past ten (10) yea | rs which has not been annulled, expunged or sealed by a court? ☐YES ☐ NO | | | | |
| If Yes, please explain; include date, place, details and disposition cannot be considered for employment). Use a separate sheet | on of case (A conviction does not automatically mean that you of paper to complete this question. | | | | |
| List name(s) of relative(s) working for the Tohono O'odham Nation | on | | | | |
| | | | | | |
| Name Relationship | Department Title | | | | |
| News - Deletionship | Department Title | | | | |
| Name Relationship | Department Title | | | | |
| Name Relationship | Department Title | | | | |
| | | | | | |
| | 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 the Tohono O'odham Nation | hired, I am required to abide by all rules, regulations and policies of | | | | |
| Name: | Date: | | | | |



Tohono O'odham Nation, Executive Branch HUMAN RESOURCES DEPARTMENT

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| I, in co Tohono O'odham Nation, d Human Resources Office. | onsideration of my on hereby give perm | | | | |
|---|---|--|---|--|--|
| Misde | ction of a felony meanor or convicti ction for DUI or ot | | violations wit | hin the past th | nree (3) years. |
| I also do hereby represent turpitude, and authorize at or officer, to the Tohono C any information that they protection I may have to the account thereof, or on account | nd consent to the o'odham Nation and may have or procube confidentiality to | disclosure by and the Bureau of interest in the concerning in the the reof, and rele | nd to any law Indian Affairs ny past record asing them fro | enforcement, or any of the or character, | agency, department or Officers or agents, hereby waiving any |
| | | Dated this | day of | 20 | |
| | | | Signatu | IRE OF APPLICANT | |
| Witness: Hur | nan Resources or C | Other: | | | |
| | | Name | | | |
| | | Address | | | |
| | | Telephone Nun | nber | | |
| Applicant Information | | | | | |
| Date of birth: | Social Secu | urity Number: | | | |
| Driver's License Number: | Class: | Expires: | | | |
| Address, City or village, sta | ate 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 n | ny employment or being considered for |
|--|--|
| employment by the Tohono O'odham Nat | tion, do hereby authorize any and all; |
| individuals, partnerships, corporations, entiti | es or governmental (tribal, State, county, |
| or federal) agencies, to release information | to the Tohono O'odham Nation Human |
| Resources Office regarding my past empladditional information as required. | loyment with your company and any |
| Signature: | Date: |
| Social Security Number: | |
| Signature: Witness | Date: |