



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

Apply Online: www.tonation-nsn.gov/employment

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

Please take the time to validate that your job application is completed properly

Job Application Checklist

- ✓ Review the entire application in brief before and after completion. (Please print neatly)
- ✓ Confirm your contact details are correct
- ✓ Check your email address is correct, legible and appropriate for a professional image.
- ✓ Verify your employment history for accuracy
- ✓ Avoid leave blanks, if questions do not apply to you respond with not applicable (N/A)
- ✓ Proofread application carefully before submission

Required Documents

- Position List (Correct HRO 210 Number/Position Title/Department)
- Current Resume (fully detailed)
- High School Diploma/GED, College Degrees and/or transcripts (Health Care requires official transcripts)
- Training Certifications and/or Licensures (Ex: CPR, Food Handler, AZ POST Certification etc.)
- Tribal Enrollment Certification or Tribal ID

Clerical/Assessment Test-(CR)-Clerical Required

Applications for clerical positions must complete Grammar, Spelling, Math and Typing Tests **before submission**

(Clerical tests must be scheduled by appointment at any HR location by calling the number listed above)

Arizona Peace Officer Standard Training Board (AZ POST) forms must be obtained and complete via AZPOST website:

<https://post.az.gov/agency-forms>

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

Revised: September 10, 2019: rev April 8, 2021



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Position List

Last Name	First Name	Middle
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List the 210 number, position title, and department, as noted on the current job summary for all interested vacancies. If the position is listed as “Open Continuous” write “Open Continuous” under HRO 210 number.

HRO 210 Number	Position Title	Department
1.8026/Open Continuous	Receptionist (Example)	Human Resources (Example)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

HR Use only:

Grammar: _____ %
Spelling: _____ %
Math: _____ %
Typing: _____ wpm

TOPD Assessment: Exceptional Capable



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Employment Application

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Human Resources Office Only

Date: _____

RIST Initial: _____

Employment Application

Applicant Information

Full Legal Name: _____
Last First M.I.

Are you known by any other names? (If yes, please list below)

Full Legal Name: _____
Last First M.I.

Email Address: _____

Mailing Address: _____
City State Zip Code

How would you like to be contacted? ☐ Email ☐ Mail

Main Phone Number: (_____) _____ Alternate Number: (_____) _____

Message Number: (_____) _____

Would you consider temporary employment? YES ☐ NO ☐

Are you a United States citizen or legally authorized to work in the United States?
(If hired, you must submit verification) YES ☐ NO ☐

Are you registered with a federally recognized Indian Tribe? (If yes, provide proof of enrollment) YES ☐ NO ☐

Have you ever been convicted of a felony? 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.

Education

Highest level of education completed; (Please attach proof of Transcripts, Degrees, Diplomas or Certificates)

- ☐ High School Diploma/GED
- ☐ Business or Trade School
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ PHD
- ☐ Juris Doctorate Degree

Employment History (Provide further employment history on resume)

Job Title: _____
From (mo. /yr.) _____ To (mo. /yr.) _____ Average hours worked per week: _____
Salary \$ _____ Reason for Leaving: _____
Company Name: _____ Supervisor's Name: _____
Address: _____ Phone: (_____) _____
City/State/Zip: _____
Did you have employee supervisory experience? ☐ Yes or ☐ No How many employees did you supervise? _____

Job Title: _____
From (mo. /yr.) _____ To (mo. /yr.) _____ Average hours worked per week: _____
Salary \$ _____ Reason for Leaving: _____
Company Name: _____ Supervisor's Name: _____
Address: _____ Phone: (_____) _____
City/State/Zip: _____
Did you have employee supervisory experience? ☐ Yes or ☐ No How many employees did you supervise? _____

Job Title: _____
From (mo. /yr.) _____ To (mo. /yr.) _____ Average hours worked per week: _____
Salary \$ _____ Reason for Leaving: _____
Company Name: _____ Supervisor's Name: _____
Address: _____ Phone: (_____) _____
City/State/Zip: _____
Did you have employee supervisory experience? ☐ Yes or ☐ No How many employees did you supervise? _____

Military Service

Active ☐ Non-Active ☐ Veteran ☐ Commissioned Corps ☐ Other ☐
Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____