



Legislative Administration Office Only

Date Received: \_\_\_\_\_

# Tohono O'odham Nation

## Legislative Branch

### Application for Employment

P.O. Box 837 – Sells, Arizona 85634 Phone:  
(520) 383-2470  
Website: [www.tolc-nsn.org](http://www.tolc-nsn.org)  
Contact Email: [katrina.conde@tonation-nsn.gov](mailto:katrina.conde@tonation-nsn.gov)

Title of Position Desired: \_\_\_\_\_

How did you learn about this vacancy: \_\_\_\_\_

Have you worked for the Tohono O'odham Nation previously?  YES  NO Dates: \_\_\_\_\_

If YES, what position? \_\_\_\_\_

#### 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

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box/Street Address

City

State

Zip Code

Location Address: \_\_\_\_\_

P.O. Box/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 and Dates of Service: \_\_\_\_\_

Rank and Type of Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Indicate Language(s) you: (Other than English)	Understand	Speak	Read	Write	Degree of Proficiency

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Name: \_\_\_\_\_

**References**

List three (3) individuals whom you have known at least three years.

**(Do not list relatives)**

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 legal training, internships, and skills you may have received that relates to this position (include number of hours and course content)

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List any job related certificates or licenses that relates to this position.

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List any office equipment proficiencies/software/word processing applications you are familiar with?

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Current typing speed: \_\_\_\_\_

<b>Education</b>				
	<b>Name and Address</b>	<b>Course of Study</b>	<b>Did you graduate</b>	<b>List Degree(s) Awarded</b>
<b>High School</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Business or Trade School</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>College or University</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Graduate School or Other</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	

*With the exception of high school, please submit copies of degrees, certificates, and licenses.*

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Name: \_\_\_\_\_

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.

Company's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Worked From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe Work Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How many people did you supervise: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_

Company's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Worked From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe Work Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How many people did you supervise: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_

Company's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Worked From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe Work Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How many people did you supervise: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_

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Name: \_\_\_\_\_

Company's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Worked From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe Work Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How many people did you supervise: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_

Company's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Worked From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe Work Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
How many people did you supervise: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_

General Information

Are you employed now?  YES  NO

May we contact your present employer?  YES  NO

Are you a U.S. Citizen?  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 question.*

List name(s) of relative(s) working for the Tohono O'odham Nation:

Name	Relationship	Department	Title
Name	Relationship	Department	Title
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 Legislative Branch. I understand that if I am hired, I am required to abide by all rules, regulations and policies of the Tohono O'odham Nation Legislative Branch.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## TOHONO O'ODHAM LEGISLATIVE BRANCH

### AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the information I report on the employment application will be subject to verification by background investigation. I agree to allow, and cooperate with, the investigation of my background. I also agree not to hold TOHONO O'ODHAM LEGISLATIVE BRANCH, or its employee or contractors, liable in connection with the inquiries. I understand and agree that criminal history, driving record, and other information may be obtained concerning me.

For the purpose of the background investigation I expressly authorize the release of any and all information about me from previous employers, and government subdivision, holders of public records, law enforcement agencies, and agencies, any public or private person who might have material information about me, and the companies, schools and persons named in the TOHONO O'ODHAM LEGISLATIVE BRANCH application. I further agree to release any such entity or individual from liability for damages in releasing the information.

In the event that the investigation reveals any information that I have hidden or failed to report as requested. I agree that those issues may be fully examined, and include the release listed above in such additional inquiries.

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Signature of Applicant

Date

The following information is supplies in connection with the background investigation:

Print Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Years used: \_\_\_\_\_ to \_\_\_\_\_

Month/Date of Birth: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Cities and States in which you have lived within the last five years:

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Current Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Other States in which Driver's Licenses have been held in the last five years:

License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_



# Tohono O'odham Nation Legislative Branch Application for Employment

P.O. Box 837 – Sells, Arizona 85634

Phone: (520) 383-2470

Website: [www.tolc-nsn.gov](http://www.tolc-nsn.gov)

To: Chief of Police, Tohono O'odham Police Department

I, \_\_\_\_\_ in consideration of my employment or being considered for possible appointment (applying \_\_\_\_\_ in the \_\_\_\_\_), by the Tohono O'odham Legislative Council, do hereby give permission to release any information on the following to the Legislative Branch.

- Conviction of a felony
- Misdemeanor conviction within the past twelve (12) months
- 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 of dissemination thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

WITNESS:

\_\_\_\_\_  
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:  
\_\_\_\_\_  
\_\_\_\_\_