



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

Contact Email: 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

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)

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?

Current typing speed: _____

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	

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

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: _____	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): _____	Average hours worked per week: _____
Reason for leaving: _____	
Describe Work Skills: _____	

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): _____	Average hours worked per week: _____
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Name: _____

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): _____	Average hours worked per week: _____
Reason for leaving: _____	
Describe Work Skills: _____	

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): _____	Average hours worked per week: _____
Reason for leaving: _____	
Describe Work Skills: _____	

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

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.

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:

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: _____



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Phone: (520) 383-2470

Website: 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:
