

JOB APPLICATION INSTRUCTIONS

To Apply

- Review the job announcement requirements and follow all instructions within the job application and include all necessary documents with your application.
- Submit a separate application for each job. If you apply for more than one job, you may submit photocopies of the application with an original signature if each new job title is clearly identified.
- The information you provide in this application will be used to determine your qualifications. Be complete. A resume will not be accepted in place of an application.
- The application and any additional materials requested in the job announcement should be submitted to the Justice Center by the specified date/time provided in the job announcement.
- All applicant information will be verified. Incomplete or false information may eliminate you from the selection process. In addition, failure to submit a truthful and complete application may constitute fraud and may be cause for disciplinary action, including dismissal if hired.
- Please make a copy for your records before submitting the application. Once submitted, the application and attached documents become official Court records and cannot be returned.
- Contact the Justice Center and update your application if your address/phone information changes.

Selection Process

- Each application will be reviewed to determine if applicants meet the minimum qualifications for the position.
- All applicants will be subject to a background investigation to include criminal history and reference checks.
- If you do not appear for an interview or cannot be contacted, your application will become inactive.



Judicial Branch Employment Application Position List

Date of Submiss	sion:		
, ,		1 2	t with the Tohono O'odham Judicial Branch. Please abmit it with your application packet. Thank you.
Name:			Social Security Last Four: XXX-XX-
Last	First	Middle	

List Position Title, as noted on the current job summary for <u>all</u> interested vacancies.

	POSITIONS APPLYING FOR
1.	
2.	
3.	
4.	
5.	

NOTES: Only one application needed, with this form.

TOHONO O'ODHAM JUDICIARY APPLICATION/INFORMATION RECORD

(Please answer all questions. If not applicable, indicate with N/A.) DATE: POSITION APPLYING FOR _____ I. PERSONAL DATA 1. NAME IN FULL (First) (Middle) (Social Security No.) (Last) MAIDEN NAME______ ANY OTHER NAMES USED_____ 2. **MAILING ADDRESS** 3. TELEPHONE NUMBER Home: Cell/Other:____ Village DATE OF BIRTH 4. SEX Male Female 5. ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE? \(\subseteq \text{No} \quad \text{Yes} \) 6. If YES, complete the following and attach copy of proof of tribal identification: A. Tribe ______B. Enrollment No.____ II. EDUCATION Fill out the information below and attach a copy of any diplomas or degrees.

	Name of Institution	Location (City & State)	Dates Attended	Diploma/Degree Type
High School /G.E.D.				
College				
Other				

III. COURT RECORD

1.	HAVE YOU EVER BEE	N CONVICTED	OF ANY CRI	ME? (Misdeme	anor or Felony	No Yes	
2.	HAVE YOU HAD ANY	TRAFFIC CITA	TIONS WITH	IN THE LAST	THREE (3) YE	EARS? No Yes	
3.	DO YOU HAVE ANY P	ENDING COUR	RT MATTERS,	INCLUDING (CIVIL CASES	? No Yes	
		If yes to any of	the above, con	plete the follo	wing:		
DATE			MINAL CHAR				
3.			D'S I ICENSES	. □ No. □v	90		
<i>J</i> .	DO YOU HAVE AN ARIZONA DRIVER'S LICENSE? No Yes						
	 If NO, are you eligible to apply for the Arizona Driver's License? No Yes If YES, complete the following: A. License Number B. Expiration date: 						
				Del	D. EX	piration date	
	C. Class			:c 4 . 40 🗀 1	NI.		
	3. Would you be abl	e to obtain a Cha	unieur License	ii needed!	No LYes		
		IV	. MISCELLAN	NEOUS			
1.	WERE YOU IN THE ARMED SERVICES? No Yes If YES, complete the following:						
	A. Branch:			_			
	B. Date, Type and Place	of discharge:					
	C. Are you on Reserve S	tatus? No [Yes If YE	S, From	То		
2.	LANGUAGES OTHER	ΓHAN ENGLISI	H				
	Language Un	derstand	Speak	Read			
	Ye	s No	Yes No	Yes No	Yes No	Proficiency	
3.	PERSON TO BE NOTIF	IED IN CASE O	F EMERGENO	CY:			
	1. Name:				:		
	2. Telephone Number						
	3. Address: (St						
	(St	reet/P.O. Box)		(City)	(Stat	(Zip Code)	

V. EMPLOYMENT EXPERIENCE

Please list all employment starting with the most recent. You may make additional copies if additional space is needed. A resume will not be accepted in place of this section.

EMPLOYER	RATE OF PA	Y POSITION HELD	
Company Name	Starting Pay	Duties	
Street			
City	\$		
StateZip	Per		
Phone Fax			
Supervisor's Name			
Supervisor's Title			
May we contact your present employer?			
Job Title	Final Pay		
From To	\$		
Reason for Leaving	Per		
-			
Company Name	Starting Pay	Duties	
Street			
City	\$		
State Zip	Per		
Phone Fax			
Supervisor's Name			
Supervisor's Title			
Job Title	Final Pay		
Job Title From To	\$		
	Ψ		
Reason for Leaving	Per		
<u>8</u>			
Company Name	Starting Pay	Duties	
Street	= = = = = = = = = = = = = = = = =		
City	<u> </u>		
State Zip	Per		
Phone Fax			
Supervisor's Name			
Supervisor's Title			
Job Title	Final Pay		
From To	\$		
	Ψ		
Reason for Leaving	Per		
2			
Company Name	Starting Pay	Duties	
Street			
City	<u> </u>		
State Zip	Per		
Phone Fax			
Supervisor's Name		_	
Supervisor's Title		-	
Job Title			
From To	\$		
	Ψ		
Reason for Leaving	Per		
	A V1		

	V. EMPLO	YMENT EXPERI	ENCE (cont.)	
1.	What type of employment will you accept	?	Part-time	
2.	Are you available to work Shift(s)	☐ Days	☐ Evenings	Nights
3.	List other licenses, certifications, and regis	strations below an	d attach a copy:	
4.	List all machinery/office equipment which	ı you have been tr	ained in or have kno	owledge to operate:
5.	Have you previously worked for the Tohor No Yes, (list position(s) and da			
6.	Do you have relatives employed by the To			
	VI, CH	ARACTER REFE	RENCES	
	ree (3) persons who have definite knowledgeng. Do not list relatives or supervisors.	e of your qualifica	tions and fitness for	the position for which you are
(Name)	(Address)		(Tele	phone Number)
(Name)	(Address)		(Tele	phone Number)
(Name)	(Address)		(Tele	phone Number)
***	********	******	******	******
	by certify that all statements made in this ap lief, and are made in good faith.	pplication are true,	complete and corre	ect to the best of my knowledge
SIGNA	TURE:	DATE:		



JUSTICE CENTER

P.O. BOX 761 SELLS, ARIZONA 85634 PHONE NO. (520) 383-6300, 383-3193, OR 383-3194 FAX: (520) 383-3500 OR 383-2650

Tohono O'odham Judicial Branch Authorization of Release of Information

ı, in consid	eration of my employment, or for being considered f
employment by the Tohono O'odham Nation	Judicial Branch, do hereby authorize any and all;
	ies, or governmental (tribal, state, county, or federal no O'odham Nation Judicial Branch regarding my pas ditional information as required.
Signature:	Date:
Social Security Number	
Witness Signature:	Date:

Please contact Charlene Enriquez, Executive Assistant at (520) 383-6300 or email charlene.enriquez@tonation-nsn.gov when information is ready.



NATION JUSTICE CENTER P.O. BOX 761

SELLS, ARIZONA 85634 (520) 383-6300

(520) 383-3193 OR (520) 383-3194 FAX: (520) 383-3500 OR (520) 383-2650

AUTHORIZATION TO RELEASE INFORMATION

TO:	Chief of Police		
	Tohono O'odham Police Depart	ment	
conside	ered for employment by the Toh	, in consideration of my employme ono O'odham Judicial Branch, do hereby give permission to urt Administrator or his/her designee:	nt or bein release an
		y ction within the past 12 months g Under the Influence or other major traffic violation with	in the past
turpitu the To hereby	de, and authorize and consent to hono O'odham Judicial Branch, waiving any protection I may b	e never been convicted of a felony, or misdemeanor involved the disclosure by any law enforcement agency, department and the Bureau of Indian Affairs, or any of their officers have to the confidentiality thereof, and releasing them from ease or dissemination of the information disclosed.	nt or office s or agents
DATE t	his day of	, 20	·
Signatı	ure	Witness	
MAIDE	N NAME OR ANY OTHER NAME	S USED:	
DATE (OF BIRTH:	DRIVERS LICENSE NUMBER:	
CL ASS:		EXPIRATION DATE:	

CITY(S), VILLAGE(S), OR RESIDENCE FOR THE PAST FIVE (5) YEARS