



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 Submission: _____

Thank you for your interest in employment with the Tohono O'odham Judicial Branch. Please complete the following information, and submit 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 all 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

_____ (Last) (First) (Middle) (Social Security No.)

MAIDEN NAME _____ ANY OTHER NAMES USED _____

2. MAILING ADDRESS

Village _____

3. TELEPHONE NUMBER

Home: _____

Cell/Other: _____

4. DATE OF BIRTH _____

5. SEX Male Female

6. ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE? No Yes

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 BEEN CONVICTED OF ANY CRIME? (Misdemeanor or Felony) No Yes
- 2. HAVE YOU HAD ANY TRAFFIC CITATIONS WITHIN THE LAST THREE (3) YEARS? No Yes
- 3. DO YOU HAVE ANY PENDING COURT MATTERS, INCLUDING CIVIL CASES? No Yes

If yes to any of the above, complete the following:

DATE	CITY/STATE	CRIMINAL CHARGE/CIVIL CASE TYPE	OUTCOME

- 3. DO YOU HAVE AN ARIZONA DRIVER'S LICENSE? No Yes
 - 1. If NO, are you eligible to apply for the Arizona Driver's License? No Yes
 - 2. If YES, complete the following: A. License Number _____ B. Expiration date: _____
C. Class _____
 - 3. Would you be able to obtain a Chauffeur License if needed? No Yes

IV. MISCELLANEOUS

- 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 Status? No Yes If YES, From _____ To _____

2. LANGUAGES OTHER THAN ENGLISH

Language	Understand		Speak		Read		Write		Degree of Proficiency
	Yes	No	Yes	No	Yes	No	Yes	No	

- 3. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:
 - 1. Name: _____ Relationship: _____
 - 2. Telephone Number: Residence _____ Business: _____
 - 3. Address: _____
(Street/P.O. Box) (City) (State) (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 PAY	POSITION HELD
Company Name _____	Starting Pay _____	Duties _____
Street _____		
City _____	\$ _____	
State _____ Zip _____	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 _____	
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 _____	
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 _____	
From _____ To _____	\$ _____	
Reason for Leaving _____	Per _____	

V. EMPLOYMENT EXPERIENCE (cont.)

1. What type of employment will you accept? Full-time Part-time
 Temporary Permanent

2. Are you available to work Shift(s) Days Evenings Nights

3. List other licenses, certifications, and registrations below and attach a copy:

4. List all machinery/office equipment which you have been trained in or have knowledge to operate: _____

5. Have you previously worked for the Tohono O'odham Judicial Branch?
 No Yes, (list position(s) and dates) _____

6. Do you have relatives employed by the Tohono O'odham Judicial Branch?
 No Yes, (list Name, Relationship, & Department) _____

VI. CHARACTER REFERENCES

List three (3) persons who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not list relatives or supervisors.

(Name)	(Address)	(Telephone Number)
(Name)	(Address)	(Telephone Number)
(Name)	(Address)	(Telephone Number)

I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: _____ DATE: _____



NATION

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**

I, _____, in consideration of my employment, or for being considered for employment by the Tohono O'odham Nation Judicial Branch, do hereby authorize any and all; individuals, partnerships, corporations, entities, or governmental (tribal, state, county, or federal) agencies to release information to the Tohono O'odham Nation Judicial Branch regarding my past employment with your company and any additional 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.



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

AUTHORIZATION TO RELEASE INFORMATION

TO: Chief of Police
Tohono O'odham Police Department

I, _____, in consideration of my employment or being considered for employment by the Tohono O'odham Judicial Branch, do hereby give permission to release any information on the following to the Court Administrator or his/her designee:

- Any conviction of a felony
- Any misdemeanor conviction within the past 12 months
- Any conviction for Driving Under the Influence or other major traffic violation 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 any law enforcement agency, department or officer, the Tohono O'odham Judicial Branch, and the Bureau of Indian Affairs, or any of their officers or agents, hereby waiving any protection I may have to the confidentiality thereof, and releasing them from any claim which may arise on account of the release or dissemination of the information disclosed.

DATE this _____ day of _____, 20_____.

Signature

Witness

MAIDEN NAME OR ANY OTHER NAMES USED: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER: _____

CLASS: _____ EXPIRATION DATE: _____

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

