**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MAILING ADDRESS 3. TELEPHONE NUMBER

 Home:

 Cell/Other:

Village 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** |  |  |  |  |
|  |  |  |  |  |

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**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:
2. Branch:
3. Date, Type and Place of discharge:
4. Are you on Reserve Status? [ ]  No [ ] Yes If YES, From To
5. LANGUAGES OTHER THAN ENGLISH

Language Understand Speak Read Write Degree of

 Yes No Yes No Yes No Yes No Proficiency

1. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:
2. Name: Relationship:
3. Telephone Number: Residence Business:
4. Address:

(Street/P.O. Box) (City) (State) (Zip Code)

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**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

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**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)

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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: