Human Resources Office Only
Date:

Initial: _____

Tohono O'odham Nation Health Care
HUMAN RESOURCES OFFICE
Employment Application

P.O. Box 548 ~ Sells, Arizona 85634 ~ Phone: (520) 547-8197 Fax: (520) 496-3671
~ Website: http://www.tonhc.org/

Employment Application

Applicant Information

Full Legal Name: _____
Last *First* *M.I.*

Are you known by any other names? (If yes, please list below)

Full Legal Name: _____
Last *First* *M.I.*

Email Address: _____

Mailing Address: _____
City *State* *Zip Code*

How would you like to be contacted? ☐ Email ☐ Mail

Main Phone Number: (___) _____ Alternate Number: (____)_____

Message Number: (___) _____

Would you consider temporary employment? YES ☐ NO ☐

Are you a United States citizen or legally authorized to work in the United States? (If hired, you must submit verification) YES ☐ NO ☐

Are you registered with a federally recognized Indian Tribe? (If yes, provide proof of enrollment) YES ☐ NO ☐

Have you ever been convicted of a felony? 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.

Education

Highest level of education completed; (Please attach proof of Transcripts, Degrees, Diplomas or Certificates)

☐ High School Diploma/GED
☐ Business or Trade School
☐ Associate's degree
☐ Bachelor's Degree
☐ Master's Degree
☐ PHD
☐ Juris Doctorate Degree

Employment History (Provide further employment history on resume)

Job Title: ____

From (mo. /yr.)____________ To (mo. /yr.)___________ Average hours worked per week: ____________

Salary $____________ Reason for Leaving: ________________________________

Company Name:_________________________________ Supervisor's Name: ______________

Address: ______________________________________ Phone: (___) _______________

City/State/Zip: ____________________________________

Did you have employee supervisory experience? ☐ Yes or ☐ No How many employees did you supervise? _____

Job Title: ____

From (mo. /yr.)____________ To (mo. /yr.)___________ Average hours worked per week: ____________

Salary $____________ Reason for Leaving: ________________________________

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Address: ______________________________________ Phone: (___) _______________

City/State/Zip: ____________________________________

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Job Title: ____

From (mo. /yr.)____________ To (mo. /yr.)___________ Average hours worked per week: ____________

Salary $____________ Reason for Leaving: ________________________________

Company Name:_________________________________ Supervisor's Name: ______________

Address: ______________________________________ Phone: (___) _______________

City/State/Zip: ____________________________________

Did you have employee supervisory experience? ☐ Yes or ☐ No How many employees did you supervise? _____

Military Service

Active ☐ Non-Active ☐ Veteran ☐ Commissioned Corps ☐ Other ☐

Branch:____ From:__________ To:__________

Rank at Discharge:________________________ Type of Discharge:____________________

If other than honorable, explain: ____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:____ Date:_______________