

Job Application San Xavier Allottees Association (SXAA)

Title of Position Applying for:			D ate:				
How did you learn about this vacancy:			_ W ould you consider tempo	orary? YES	S NO		
Personal Informa	tion						
Last	other names while previously emp	First	Middle	e			
If YES, list name:	Last	First	Middle	e			
M ailing Address:	P.O. Box/ Street Address	City	State	Zip Code			
Address:	Street Address	City	State	Zip Code			
T elephone numbe	er Day: ()	·	Glate	·			
Military							
A re you a Veterar	n? YES NO B ranch & D	Dates of Service:					
Rank & Type of D	ischarge:						
References	ischarge:lustive or super	D ate o					
References		D ate o	f Discharge:				
References List two (2) individ	luals other than a relative or super Address	visors. City/State/	f Discharge:	none Number			
References List two (2) individ	luals other than a relative or super Address Address	D ate o	f Discharge:				
References List two (2) individ Name Name Specialized Train	luals other than a relative or super Address Address	visors. City/State/	zip Telepl	none Number			
References List two (2) individ Name Name Specialized Train List any specialize course content)	luals other than a relative or super Address Address	visors. City/State/ City/State/ S you may have received	zip Telepl	none Number			

Name and Address Course of Study Did you Graduate	List Degree(s) Awarded
High School YES NO	
College or Other	
Graduate School or Other	

(Submit copies of Degrees or Certificates)

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

explain gaps in employment	Same formation and	orner piece of paper of a continuation	on sheet in the same format. Flease		
Job Title:		Supervisor's name:			
Company Name:		 Supervisor's Title:			
Address:		Phone Number:			
City/State/Zip:		How many people did you supervise:			
Worked From (mo/yr):	To (mo/yr):	Starting pay:	Ending Pay:		
Average hours worked per week:		Reason for leaving:			
Describe Work Performed:					
Job Title:		Supervisor's name:			
Company Name:		Supervisor's Title:			
Address:		Phone Number:			
City/State/Zip:		How many people did you	supervise:		
Worked From (mo/yr):	To (mo/yr):	Starting pay:	Ending Pay:		
Average hours worked per week:		Reason for leaving:			
Describe Work Performed:					
Job Title:		Supervisor's name:			
		Supervisor's Title:			
Address:		Phone Number:			
City/State/Zip:		How many people did you			
Worked From (mo/yr):	To (mo/yr):	Starting pay:	Ending Pay: 		
Average hours worked per week: _ Describe Work Performed:		Reason for leaving:			
Describe Work Performed:					

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General Information								
Are you employed now?	YES	NO	M ay we con	itact you	r prese	ent employer?	YES	NO
Are you a US Citizen?	YES	NO Are you ove	er the age 18?	YES	NO	(If you answered NO, employmminimum legal age)	nent is subj	ect to verification of
D o you have a valid drive	er's license	e?					YES	NO
D o you have any DUI's o	r major tra	affic offenses withi	in the past thre	e (3) yea	ars?		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.								
Are you proficient in O'odham language? (Understand, Speak, Read, Write) Yes No								
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 San Xavier Allottees Association, Inc.								
Name:				Date:				

Applications may be mailed and/or emailed to the following address. Faxes not acceptable.

325 East Vamori Street * Tucson, Arizona 85756 * Phone: (520) 807-2121 or Toll Free 1(855) 807-2121

* Fax: (520) 807-2626 * Email: sxaa@sanxavierallottee.org