

Job Application San Xavier Allottees Association (SXAA)

Title of Position Applying for:			Date:			
How did you learn about this vacancy:			W ould you consider temp	oorary? YES NO		
Personal Informat	ion					
Name:						
Last	other names while previously em	First	Midd	le		
If YES, list name:						
	Last	First	Midd	le		
Mailing Address:	P.O. Box/ Street Address	City	State	7:5 Cada		
			State	Zip Code		
Address: _	Street Address	City	State	Zip Code		
Telephone number	r Day: ()	Email:				
Militar						
У						
A re you a Veteran´	? YES NO Branch & [Dates of Service:				
	scharge:					
References		_	-	_		
List two (2) individu	uals other than a relative or super	visors.				
Name	Address	City/State/Z	in Teler	phone Number		
Name	Muloo	Ony/Otato/2	ip 10.0p	Mone ramber		
Name	Address	City/State/Z	ip Telep	phone Number		
Specialized Traini						
List any specialized course content)	d training, apprenticeship and skill	s you may have received th	nat relates to this position (in	clude number of hours and		
List any job related certificates or licenses that relates to this position.						
		·				
L ist all office equip	ment proficiencies/software/word	processing applications yo	ou are familiar with?			

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						
re you employed now? YES NO May we contact your present employer?				NO		
Are you a US Citizen? YES NO Are you over the age 18?	YES NO	(If you answered NO, employment is minimum legal age)	subject to	verification of		
D o you have a valid driver's license?		Y	/ES	NO		
D o you have any DUI's or major traffic offenses within the past thr	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 or 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