



Tucson Indian Center
160 N. Stone Avenue* Tucson, AZ 85701
P: 520-884-7131 F: 520-884-0240

Date _____ Position Applying For _____
 Department _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone Number () Message Number ()

If Native American, Tribal Affiliation: _____ Tribal Enrollment No.: _____

Are you 18 years or older Yes No E-Mail Address: _____

Are you authorized to work in the United State? Yes No

Do you have a valid AZ driver's license? Yes No License Number _____

Have you ever been employed by TIC? Yes No If yes, When _____

Department _____ Supervisor _____

List any relatives employed by TIC

EDUCATION (Must be completed, Please do not write "See Resume")					
School Level	Name & Location	Graduated	Certificate/Diploma	Major/Degree	Graduation Year
High School/G.E.D					
Trade/Business School					
College					
Graduate School					

OTHER

Have you ever been convicted of a misdemeanor? Yes No
Have you ever been convicted of a Felony? Yes No
Have you ever been convicted of any type of theft or fraud? Yes No

If yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

MILITARY SERVICE RECORD

Have you ever served in the US Armed Forces? Yes No
Date entered _____ Date Separated _____

Branch of Service _____ Did you receive an honorable discharge? Yes No

If no, Please explain the circumstances _____

EMPLOYMENT HISTORY (Start with most recent job, please do not write "See Resume")

Are you employed now? Yes No If yes, may we contact your employer? Yes No

Job Title _____ Starting Salary _____ Ending Salary _____
Employer _____
Telephone Number () _____ Number of employees supervised _____
Supervisor's Name & Title _____
Hire Date _____ End Date _____

Describe duties performed _____

Reason for Leaving _____

Job Title _____ Starting Salary _____ Ending Salary _____

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GENERAL INFORMATION

Specify day and hours available _____

Full-Time Part-Time Temporary Summer Only

Will you travel, if required? Yes No

Subjects of special study or research work _____

Special training or skills _____

Career objectives, describe your career goals? _____

What languages other than English are you fluent in _____

Speaking Reading Writing

Approximate typing speed? _____

Office computer/equipment skills (type of hardware/software)? _____

How were you referred to Tucson Indian Center? Check all that apply

Self referred Friend Relative Agency Job Fair Advertisement

REFERENCES: List three persons not related to you, whom you have known at least three years				
Name	Address	Phone No.	Occupation	Years Known

ATTACHMENTS REQUIRED

1. Certifications (Any Educational Degrees, Diplomas, Training Certificates, Etc.)
2. Military I.D. Card (If applicable)
3. Copy of Driver’s License and Driving Record (Available through Motor Vehicle Division)
4. Copy of Tribal Enrollment

CERTIFICATION AND AGREEMENT (Read carefully before signing)

I understand and agree that:

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the Tucson Indian Center will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by TIC, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that I will be required to take a pre-employment drug test at TIC expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing will result in termination.
4. I authorize any physician, including my personal physician, to release any information to TIC, which may be necessary to determine my ability to perform my assigned duties.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures or TIC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by TIC to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after introductory period, and that nothing in this application or any other TIC document shall be deemed to create any contract of continued employment between me and TIC. I understand that my employment beyond any introductory period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

Applicant Signature

Date