**San Xavier Cooperative Association**

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| *SXCA Office Use Only* |

8100 S. Oidak Wog, Tucson, Arizona 85746 Phone #: 520-295-3774

E-mail: sxca@sanxaviercoop.org Fax: 520-741-9303

**PERSONAL INFORMATION:**

Name: Date of Birth:

Address: Click or tap here to enter text.

Telephone #: Click or tap here to enter text. Message #: **Click or tap here to enter text.**

E-mail Address: **Click or tap here to enter text.**

What is your preferred method of notification? Choose an item.

Tribal Affiliation: Enrollment #:  Are you an Allottee? Choose an item.

**SXCA:**

Position Applying For: Click or tap here to enter text. Full Time:  Part Time:

Would you consider temporary or seasonal employment? Choose an item.

Do you have relatives working for SXCA? Choose an item. Name of relative: **Click or tap here to enter text.**

Have you ever been convicted of a Felony? **Choose an item.** Please explain: **Click or tap here to enter text.**

List any activities such as hobbies, volunteer work. Are you involved in the SX Community/Greater Community? **Click or tap here to enter text.**

**DRIVING INFORMATION:**

Valid Driver’s License? **Choose an item.** License #: **Click or tap here to enter text.** Expiration Date: **Click or tap to enter a date.**

If **NO**, please explain: **Click or tap here to enter text.**

**EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Institution & Location (City/State) | Degree | Date Received |
| HIGH SCHOOL or GED | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |
| COLLEGE | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |
| VOCATIONAL | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap to enter a date.* |

List any special training you have completed: ***Click or tap here to enter text.***

**EMPLOYMENT HISTORY:**

Are you currently employed? **Choose an item.** May we contact your current employer? **Choose an item.**

Have you ever worked for SXCA? (if so, what years?) **Click or tap here to enter text.**

*List your last three (3) employers; starting with the most recent and work back.*

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Name, Address of Employer | Position | Reason for Leaving |
| From: \_\_\_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_\_ | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Job Duties and Skills: *Click or tap here to enter text.* | | | |

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| --- | --- | --- | --- |
| Dates Employed | Name, Address of Employer | Position | Reason for Leaving |
| From: \_\_\_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_\_ | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Job Duties and Skills: Click or tap here to enter text. | | | |

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| --- | --- | --- | --- |
| Dates Employed | Name, Address of Employer | Position | Reason for Leaving |
| From: \_\_\_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_\_ | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
| Job Duties and Skills: Click or tap here to enter text. | | | |

**REFERENCES:** *Relatives* ***cannot*** *be listed as references.*

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| --- | --- | --- |
| Name/Address | Phone # | # of Years Known |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hear by 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 of facts in my application or interview could result in termination of employment. I understand the application and all supporting documents are the property of the San Xavier Cooperative Association. I understand that I will be employed at will and my employment will be terminated at any time.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_