

- Cocopah Government
- Cocopah Casino (Must be 21 yrs. of age to apply at the Casino)
- Cocopah Resort & Conference Center
- Wild River Family Entertainment Center
- Cocopah Bend RV & Golf Resort
- Cocopah Rio Colorado Golf Course
- Cocopah Korner



**COCOPA  
INDIAN TRIBE**

A Tradition of Honor. A Future of Progress.

Avenue G & County 15<sup>th</sup> Street  
Somerton, Arizona 85350  
(928) 627-2102 ext. 23  
Fax (928) 627-4895  
e-mail: [hrdirec@cocopah.com](mailto:hrdirec@cocopah.com)

## Employment Application

Position Applying:  Date:

To be considered for more than one position at a time, submit separate application for each

Please **PRINT OR TYPE** all information. Incomplete or false information is cause for rejection of application or dismissal

Name   
Last First Middle (Former Last Name)

Address/Mailing:   
City State Zip

Home Telephone:  Cell Phone:  e-mail:

Social Security No:  Do you have a valid AZ Driver's License?  Yes  No

Driver's License No:  State  Year Expires  Class:  CDL?  Yes  No

Are you an enrolled member of any U.S. Federally recognized Tribe?  Yes  No

If yes, Tribe  Enrollment Number

Are you related to any current Cocopah Indian Tribe employee?  Yes  No

If "yes", name and relationship?

Have you been convicted of, or plead guilty or no contest to, a felony; or received probation or deferred adjudication when charged with a felony?  Yes  No

If "yes", date  City/State

Charge  Disposition   
(Punishment/Sentence)

Have you previously worked or do you currently work for the Cocopah Indian Tribe?  Yes  No

Are you available to work:  full time  part time  shift work  temporary?

Days/Hours available:

### • EDUCATION

| Name and City/State   | Dates of Attendance  | Degree Received or Course of Study | Graduate   |
|---|----------------------|------------------------------------|--|
| High School or Equivalent<br><input type="text"/>           | <input type="text"/> | <input type="text"/>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College, University or Trade School<br><input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College, University or Trade School<br><input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College, University or Trade School<br><input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## • EMPLOYMENT HISTORY

List all jobs (including military service) beginning with your most recent employer and the last 10 years of employment. Use additional pages as necessary.

|   |                                    |                     |                      |                      |  |
|---|------------------------------------|---------------------|----------------------|----------------------|--|
| <b>Employer</b>   | <input type="text"/>               | <b>From</b>         | <input type="text"/> | <b>To</b>            | <input type="text"/>   |
| <b>Address</b>  | <input type="text"/>               |                     |                      | <b>Telephone</b>     | <input type="text"/>   |
|   | <small>No, Street</small>          | <small>City</small> | <small>State</small> | <small>Zip</small>   |  |
| <b>Position Title</b>   | <input type="text"/>               | <b>Supervisor</b>   | <input type="text"/> | <b>Ending Salary</b> | <input type="text"/>   |
| <b>Duties</b>   | <input type="text"/>               |                     |                      |                      |  |
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Part Time | Reason for leaving? |                      | <input type="text"/> | (if military service, indicate type of discharge applicable) |
| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                     |                      |                      |  |

|   |                                    |                     |                      |                      |  |
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| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                     |                      |                      |  |

|   |                                    |                     |                      |                      |  |
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| <b>Address</b>  | <input type="text"/>               |                     |                      | <b>Telephone</b>     | <input type="text"/>   |
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|   |                                    |                     |                      |                      |  |
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| <b>Duties</b>   | <input type="text"/>               |                     |                      |                      |  |
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Part Time | Reason for leaving? |                      | <input type="text"/> | (if military service, indicate type of discharge applicable) |
| If still employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                     |                      |                      |  |

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances:

Please explain fully any gaps in your employment history

**• Skills and Abilities**

List any position related licenses, registrations, certificates or professional memberships:

**Check Skills/Equipment Operated**

PC  Fax  MS Word  MS Excel  Ms Access  MS Power Point Other:

Are you legally authorized to work in the United States?  Yes  No

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (*Please review the job description*)  Yes  No

Do you have adequate transportation to and from work?  Yes  No

**• Personal References**

Please list at least **three** persons who know you well- **not previous employers or relatives**

| Name                                     | Occupation                               | Address<br>(Street, city and State)      | Telephone Number                         | Years Known                              |
|--|--|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
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**Applicant's Statement & Agreement**

Work Rules. In the event of my employment with the Cocopah Indian Tribe, I agree to comply with all rules and regulations of the Cocopah Indian Tribe.

Drug /Alcohol Test. I understand that the Cocopah Indian Tribe reserves the right to require me to submit to a test for the presence of drugs and alcohol in my system prior to employment and at any time during my employment to the extent permitted by law.

Background Investigation. I understand that the Cocopah Indian Tribe's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

At Will Employment If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by the Cocopah Indian Tribe at any time and for any reason whatsoever, with or without good cause at the option of either The Cocopah Indian Tribe or myself. This "At Will" relationship will remain in effect throughout my employment with the Cocopah Indian Tribe, and cannot be modified by any oral or implied agreement. It may only be changed by an express, written employment agreement, signed by you and the Tribal Chairperson, and approved by the Tribal Council.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with employment, is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a Tribal representative before signing.

Signature

Date

# Voluntary Information

(Please print)

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY**

Name

Date of Birth

Address

City

State

Zip Code

Social Security Number

• **Check One:**

Male

Female

**Check One of the Following Ethnic Origins:**

White

Hispanic

American Indian/Alaskan Native

Black

Other

Asian/Pacific Islander

• **Military Record:**

Branch of Service:  Status:  Type of Discharge:

Training received in Service related to this position:

**Check if any of the Following are Applicable:**

Vietnam Era Veteran

Disabled Veteran

Handicapped Individual

**IN CASE OF EMERGENCY PLEASE CONTACT:**

Name:

Relationship:

Address:

Phone Number:

Signature:

Date:



*Avenue G & County 15<sup>th</sup> Street  
Somerton, Arizona 85350  
(928) 627-2102  
Fax (928) 627-4895*

*Thank you for taking the time to consider employment with the Cocopah Indian Tribe.*

*Please remember these important details when completing your application:*

- 1. Complete the application using legible **blue** or **black** ink.*
- 2. Please answer all questions openly and honestly*
- 3. Provide accurate addresses, telephone numbers, and dates of employment and supervisors for each job listed on your application. **LEAVE NOTHING BLANK!***
- 4. Sign your application.*
- 5. Include a copy of your high school diploma/GED or college degree(s) confirming your highest level of education. Also include any job specific certifications or licenses.*

*Previous education and work experience will be verified on all top candidates being considered for employment at Cocopah Indian Tribe. Having the above information is imperative to properly determine each applicant's qualifications for a specified job vacancy.*

*Thank you,*

*The Cocopah Indian Tribe  
Human Resources Department*