



Human Resource Department

*14515 S. Veterans Drive
Somerton, Arizona 85350
(928) 627-2102 ext. 7428
Fax: (928) 722-7618
e-mail: hr@cocopah.com*

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. Include which location you are applying for.*
- 3. **Make sure you include your Mailing Address in the application.***
- 4. Please answer all questions openly and honestly*
- 5. Provide accurate addresses, telephone numbers, and dates of employment and supervisors for each job listed on your application.*
- 6. **LEAVE NOTHING BLANK! “See Resume” is not ACCEPTABLE.***
- 7. Sign your application.*
- 8. 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 Resource Department*

KEEP THIS PAGE FOR INFORMATION ONLY.

Incomplete or False Information is cause for rejection or dismissal of application.

- 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 Store



**COCOPA
INDIAN TRIBE**
A Tradition of Honor. A Future of Progress.

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Employment Application

Applying for: Date:

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: Expiration Date: 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

Did you receive High School Diploma GED Institution: Year:

Name and City/State	Dates of Attendance	Degree Received or Course of Study	Graduate
High School or Equivalent <input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 290px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
College, University or Trade School <input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 290px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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• **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.

Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Telephone	<input type="text"/>
	<small>No, Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
Position Title	<input type="text"/>	Supervisor	<input type="text"/>	Ending Salary	<input type="text"/>
Duties	<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) May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Telephone	<input type="text"/>
	<small>No, Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
Position Title	<input type="text"/>	Supervisor	<input type="text"/>	Ending Salary	<input type="text"/>
Duties	<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) May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Telephone	<input type="text"/>
	<small>No, Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
Position Title	<input type="text"/>	Supervisor	<input type="text"/>	Ending Salary	<input type="text"/>
Duties	<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) May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Telephone	<input type="text"/>
	<small>No, Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
Position Title	<input type="text"/>	Supervisor	<input type="text"/>	Ending Salary	<input type="text"/>
Duties	<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) 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 (Street, city and State)	Telephone Number	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, affect 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

(if submitting online, you can sign the application during your in-person interview)

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**

<input type="text"/>		<input type="text"/>
Name		Date of Birth
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Social Security Number	How did you hear about us?	

• **Check One:** Male Female

Check One of the Following Ethnic Origins:

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual |
|--|---|---|

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: Relationship:

Address: Phone Number:

Signature: Date:

(if submitting online, you can sign the application during your in-person interview)