



Salt River
Pima-Maricopa Indian Community
10,005 East Osborn Road, Scottsdale, Arizona 85256
Telephone (480) 362-7400 FAX (480) 362-7593

BOARD/COMMITTEE APPLICATION

Fill out the application in it's entirety. Resumes may be attached, but please **DO NOT** use "See Resume".

If applying for the Education Board, Law Enforcement Commission, or Judicial Selection Committee, ensure you also complete and submit the Supplemental Application for that specific Board/Committee.

Name: _____ Date: _____

Are you Native American? ☐ Yes ☐ No If Yes, Tribal Affiliation and ID #: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

Cellular Phone #: _____ E-Mail: _____

Which form of contact do you prefer? ☐ Mail ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ E-mail

EMPLOYMENT

Are you employed? ☐ Yes ☐ No If Yes, Employer: _____

Position: _____ Supervisor(s): _____

Holding a Board/Committee seat requires dedicated individuals. Do you have any commitments which would prevent you from attending daytime, evening, weekend, and emergency meetings? ☐ Yes ☐ No

Have you ever been terminated? ☐ Yes ☐ No Reason: _____

Have you ever been asked to resign? ☐ Yes ☐ No Reason: _____

BOARD INFORMATION

What Board/Committee are you applying for? _____

What position are you interested in? ☐ Community Member ☐ Professional ☐ Other _____

Are you interested in any other Boards/Committees? ☐ Yes ☐ No (Please list in order of preference)

1. _____ 2. _____ 3. _____

Current Boards/Committees you serve on:

Board/Committee	Dates Served	Seat Held

Previous Boards/Committees you have served on:

Board/Committee	Dates Served	Seat Held

Are you, or any of your relatives, landowners/spokespersons in an active business lease? ☐ Yes ☐ No

If yes, please name the relative and the lease _____

List any relatives currently on the Board/Committee you are applying for: _____

List any relatives employed by the Enterprise/Dept. the Board/Committee oversees: _____

Using a separate sheet, tell us:

- 1) Why are you interested in being a Board/Committee member?
- 2) What experience you have that relates to the industry/issues the Board/Committee handles.

EDUCATION					
School Level	Name & Location Of School	Graduated	Certificate/ Diploma	Major/ Degree	Graduation Year
High School/G.E.D.		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Trade/Business School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>			

CRIMINAL HISTORY

If selected for a Board/Committee seat, are you willing to complete a background check? Yes ☐ No ☐

Are you currently on probation? Yes ☐ No ☐

Have you ever plead guilty to or plead no contest to crimes against persons? Yes ☐ No ☐

Have you ever plead guilty to or plead no contest to a misdemeanor? Yes ☐ No ☐

Have you ever plead guilty to or plead no contest to a felony? Yes ☐ No ☐

Have you ever plead guilty to or plead no contest to 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.

Crime	Dates	Court Location	Details

COMMENTS

Comments: _____

REFERENCES

Please provide contact information for three references (who are not related to you)

Full Name	Daytime Phone Number	Relation to You	Years Known

CERTIFICATION AND AGREEMENT

- Any misrepresentation or omission of facts in my application or any attachments to my application may result in refusal of my application.
- It is my understanding that the Board/Committee will review my application and may contact my references to verify the information given. I release from liability any person giving or receiving any such information.
- I understand and agree that I MAY be required to submit to a background check.
- I agree to conform to all applicable rules, regulations, policies, and/or procedures of the Board/Committee.

Applicant Signature: _____

Date: _____