



# SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

10,005 East Osborn Road, Scottsdale, Arizona 85256  
Phone: (480) 362-7400 / Fax: (480) 362-7593

## BOARD/COMMITTEE APPLICATION

Fill out the application in its 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	Term Start and End	Board Position

Previous Boards/Committees you have served on:

Board/Committee	Dates Served	Board Position

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

List any relatives employed by the Enterprise which the Board/Committee oversees:

Using a separate sheet, tell us:

- 1) Why you are interested in serving as a Board/Committee member?
- 2) What experience you have that relates to the industry/issues the Board/Committee deals with?

**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
- 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	Affiliation	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: \_\_\_\_\_