



**TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**
P.O. Box 40
Sells, Arizona 85634
Office: 1-888-882-5510 (Toll Free) • Direct Line: (520) 383-3304
Fax: (520) 383-2781 • E-mail: tero@toua.net



WANTED

3- Journeyman Electrician= \$29.22

\$22.50 (Rate) + \$0.68 (3%) + \$6.04 (Fringe)

Tohono O'odham Nation Wage Scale

**Please see attached Job Description
& Tool Requirement**

Company: Delta Diversified Enterprises, Inc.

**Project Location- 95th Avenue and Northern
Desert Diamond West Valley Resort, Glendale, Arizona**

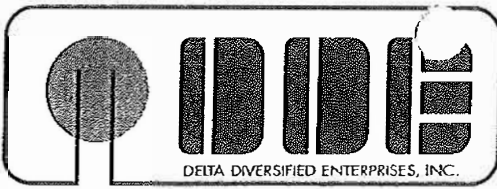
Duration: 2 Weeks Minimum

PRE-EMPLOYMENT DRUG TESTING IS REQUIRED

CLOSING DATE: TUESDAY OCTOBER 24, 2017 at 10:00AM

INTERVIEW DATE: TUESDAY OCTOBER 24, 2017 at 11:00AM

*APPLICATIONS AVAILABLE AT THE TON/GRIC/PYT T.E.R.O. OFFICES, YOUR LOCAL DISTRICT OFFICE AND THE
PHOENIX/TUCSON INDIAN CENTER*



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ELECTRICAL JOB CATAGORIES

ELECTRICAL FOREMAN/LEADMAN

Responsibilities include utilizing blue prints to layout tasks for one or more crews while coordinating all activities with other trades and the General Contractor. They will provide lists of materials to order, monitoring material stocks and work progress to insure compliance with overall job schedule. Foremen and Leadsman will also be responsible for monitoring the safe work practices of their crews and must be willing to work with their tools.

JOURNEYMAN ELECTRICIAN

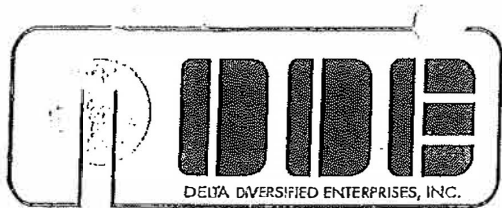
Responsibilities include taking direction from Foremen and Leadmen. Journeymen electricians must be skilled in the installation of conduit, wire, panelboards, gear, fixtures, mc cable and devices. Journeyman electricians are responsible for directing the work of apprentices and insure all work is performed safely and correctly.

APPRENTICE ELECTRICIAN

Responsibilities include taking direction from journeymen. An Apprentice electrician must be capable of correctly installing conduit, wire, panelboards, fixtures, mc cable and devices. Apprentices must have knowledge of safe work practices.

HELPER ELECTRICIAN

Requires no previous experience. Helpers responsibilities include material distribution, material organization, clean up and assisting with all journeyman and apprentice activities.



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DDE EMPLOYEE TOOL REQUIREMENT

The following basic tools are the minimum required for all Delta Diversified employees. Tools must be worn in a tool pouch, tool bags or buckets are not a permitted substitute.

- 1-SCREW DRIVER 6" SHANK
- 1-SCREW DRIVER 4" SHANK
- 1-SCREW DRIVER 8" SHANK
- 1-PHILLIPS SCREW DRIVER 4" SHANK
- 1-LINEMAN'S PLIERS 9"
- 1-LONG NOSE PLIERS 6"
- 1-SIDE CUT PLIERS 6"
- 1-WIRE STRIPPER
- 1-AWL
- 2-CHANNEL LOCK PLIERS
- 1-CRESCENT WRENCH 6"
- 1-TORPEDO LEVEL
- 1-ELECTRICIANS KNIFE (RAZOR KNIVES ARE NOT PERMITTED)
- 1-HACKSAW 12"
- 1-HAMMER 16 oz
- 1-TAPE MEASURE 25' x 3/4"
- 1-TOOL POUCH WITH BELT
- 1-VOLTAGE TESTER (WIGGIE)
- 1-PAIR LEATHER GLOVES

DELTA DIVERSIFIED ENTERPRISES, INC

AN EQUAL OPPORTUNITY EMPLOYER
TOHONO O'ODHAM TERO
APPLICATION FOR EMPLOYMENT

DATE: _____

PRINT NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
STREET
CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET
CITY STATE ZIP

PHONE: () _____ EMAIL: _____

REFERRED BY: _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

ARE YOU NOW EMPLOYED? YES _____ NO _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST RECENT

NAME:	EMPLOYED FROM:
ADDRESS:	TO:
TELEPHONE:	POSITION HELD:
DUTIES PERFORMED:	SUPERVISOR:
	ENDING SALARY:
REASON FOR LEAVING:	

NAME:	EMPLOYED FROM:
ADDRESS:	TO:
TELEPHONE:	POSITION HELD:
DUTIES PERFORMED:	SUPERVISOR:
	ENDING SALARY:
REASON FOR LEAVING:	

NAME:	EMPLOYED FROM:
ADDRESS:	TO:
TELEPHONE:	POSITION HELD:
DUTIES PERFORMED:	SUPERVISOR:
	ENDING SALARY:
REASON FOR LEAVING:	

FOR WHAT POSITION ARE YOU APPLYING:	SALARY DESIRED	YEARS OF EXPERIENCE
1. ELECTRICIANS HELPER		
2. ELECTRICIAN COMMERCIAL		
3. ELECTRICIAN FOREMAN		
4. OTHER		

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU,
WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ YEARS ACQUAINTED: _____
 _____ TYPE OF BUSINESS: _____

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ YEARS ACQUAINTED: _____
 _____ TYPE OF BUSINESS: _____

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ YEARS ACQUAINTED: _____
 _____ TYPE OF BUSINESS: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ RELATIONSHIP: _____

YOU MAY BE TAKING PART IN AN INTERVIEW TO EVALUATE YOUR ABILITIES, SKILLS AND JOB KNOW-HOW.
 THE FOLLOWING QUESTIONS ARE EASY TO ANSWER AND NECESSARY IN GATHERING INFORMATION
 NEEDED FOR THE INTERVIEW. SPACE IS PROVIDED FOR ADDITIONAL COMMENTS.

- | | YES | NO |
|---|-------|-------|
| 1. I HAVE RELATED JOB EXPERIENCE IN THE AREA FOR WHICH I AM APPLYING. | _____ | _____ |
| 2. I HAVE SAFELY OPERATED POWER EQUIPMENT DRILLS, SAWS, ECT. | _____ | _____ |
| 3. I HAVE USED HAND TOOLS IN THE PAST, KNIFE, PLIERS, ECT. | _____ | _____ |
| 4. I UNDERSTAND WRITTEN AND VERBAL INSTRUCTIONS AND TRAINING. | _____ | _____ |
| 5. I KNOW ELECTRICAL MATERIALS | _____ | _____ |

- | | | YES | NO |
|-----|---|-------|-------|
| 6. | I HAVE WIRED SMALL COMMERCIAL JOBS WITH PIPE, FLEX FOR PVC. | _____ | _____ |
| 7. | I WILL WORK THE HOURS REQUIRED BY THE JOB | _____ | _____ |
| 8. | I UNDERSTAND THE NEED FOR SAFETY RULES AND REGULATIONS. | _____ | _____ |
| 9. | I HAVE RUN LARGE ELECTRICAL JOBS WITH A CREW | _____ | _____ |
| 10. | I HAVE ORDERED MATERIALS AND HAVE SCHEDULED ORDERS ON JOBS. | _____ | _____ |
| 11. | I HAVE DEALT WITH THE GENERAL CONTRACTOR | _____ | _____ |
| 12. | I CAN READ AND UNDERSTAND ELECTRICAL SPECIFICATIONS AND DRAWINGS. | _____ | _____ |
| 13. | I HAVE A WORKING KNOWLEDGE OF THE NATIONAL ELECTRIC CODE. | _____ | _____ |
| 14. | I HAVE A WORKING KNOWLEDGE OF LOCAL AMENDMENTS TO THE N.E.C. | _____ | _____ |
| 15. | I HAVE DEPENDABLE TRANSPORTATION. | _____ | _____ |
| 16. | I CAN WORK AT THE SPEED SET BY THE PRODUCTION REQUIREMENTS. | _____ | _____ |
| 17. | I WILL ACCEPT THE RESPONSIBILITY FOR RAW MATERIALS EQUIPMENT AND PRODUCTS I WILL WORK WITH. | _____ | _____ |
| 18. | I CAN DO THE NECESSARY WORK PLANNING AS THE JOB REQUIRES. | _____ | _____ |

PLEASE FEEL FREE TO ADD ANY ADDITIONAL COMMENTS THAT YOU MAY HAVE CONCERNING YOUR ABILITY TO PERFORM THE JOB, IN THE SPACE PROVIDED BELOW:

IN ORDER TO COMPLY WITH FEDERAL REGULATIONS IN THE AREA OF EQUAL EMPLOYMENT OPPORTUNITY, DELTA DIVERSIFIED ENT. MUST HAVE DATA AVAILABLE ON EMPLOYMENT PATTERNS (41 CFR 60-2.12,60-741.5,60-250.5). FOR THIS REASON, WE WOULD APPRECIATE YOUR VOLUNTARY COOPERATION IN PROVIDING THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE TREATED CONFIDENTIALLY AND WILL NOT RESULT IN ADVERSE TREATMENT OF ANY INDIVIDUAL. THE INFORMATION MAY BE PROVIDED TO GOVERNMENT OFFICIALS INVESTIGATING OUR CONTRACT COMPLIANCE STATUS.

1. ETHNIC GROUP.....PLEASE CHECK THE ONE ENTRY WHICH BEST IDENTIFIES YOU.

- WHITE
- BLACK
- AMERICAN INDIAN OR ALASKAN NATIVE
- HISPANIC (MEXICAN-AMERICAN, CUBAN, SOUTH AMERICAN, PUERTO RICAN)
- ASIAN OR PACIFIC ISLANDER (CHINESE, JAPANESE, KOREAN, FILIPINO)
- OTHER _____

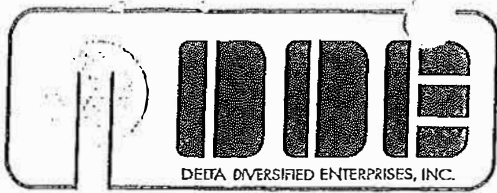
2. SEX

- MALE
- FEMALE

I UNDERSTAND THAT IF I AM HIRED BY DELTA DIVERSIFIED ENTERPRISES, INC., EMPLOYMENT IS NOT FOR ANY SPECIFIED PERIOD OF TIME. MY EMPLOYMENT MAY BE TERMINATED BY EITHER MYSELF OR DELTA DIVERSIFIED ENTERPRISES, INC., AT ANY TIME, FOR ANY REASON, AND WITHOUT PRIOR NOTICE.

SIGNATURE: _____

DATE: _____



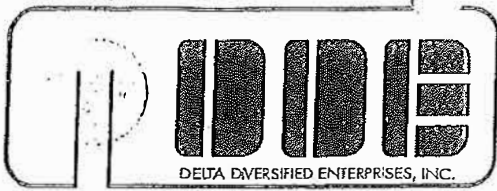
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NO SOLICITATION – NO DISTRIBUTION

We want to protect you and your fellow workers from annoying requests for contributions, solicitations, bothersome advertising and literature from outside individuals and organizations. Accordingly, employees are not to solicit on Company premises during working time. Working time means those hours that employees are on duty, excluding breaks, meal times, and other specifically-designated periods during the work day when employees are not properly engaged in performing their work duties.

Distribution of literature by employees is prohibited at any time in working areas.

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DELTA DIVERSIFIED ENTERPRISES, INC.

BLOODBORNE PATHOGEN ACKNOWLEDGEMENT

OSHA'S Blood Borne Pathogens Standard is intended to protect employees from occupational exposure to certain diseases which are transmitted by blood or other bodily fluids. In the performance of your duties at Delta Diversified Enterprises, Inc. you are not normally occupationally exposed to blood or other potentially infectious bodily fluids.

The most likely event in which a Delta Diversified Enterprises, Inc. employee may be potentially exposed to blood or bodily fluids is when an employee provides first aid to an injured fellow employee. In this type of situation, Delta does not require any employee to render first aid or provide medical assistance to any injured fellow employee. No Delta employee is required to perform any type of first aid, CPR, or mouth-to-mouth resuscitation as part of his/her job duties. If an employee chooses to perform first aid or provide medical assistance, the employee is deemed to be acting as a Good Samaritan. It is the sole discretion of each individual employee regarding whether to provide aid as a Good Samaritan.

If an employee suffers a minor injury during work, the employee is encouraged to treat him or herself, and, where necessary, seek the aid of a health care practitioner. The injured employee shall also immediately notify his/her supervisor of the injury. If an employee suffers a severe injury which requires emergency first aid, appropriate medical personnel should immediately be contacted to treat the injured employee.

If a Delta Diversified Enterprises, Inc. employee wishes to act as a Good Samaritan, the appropriate personal protective equipment (i.e., mouth to mouth devices, latex gloves, etc.) are available in the first aid kit. If the equipment is damaged, missing, or has been used, please notify your supervisor immediately. Delta Diversified Enterprises, Inc. strongly encourages employees acting as a Good Samaritan to use personal protective equipment while providing first aid to others.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

