TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE
P.O. Box 40 Sells, Arizona 85634
Direct Line (520) 383-3304 Tucson Line (520) 547-8160
Fax (520) 383-2781 Email: tero@toua.net

ATTENTION TOHONO O'ODHAM NATION TERO CLIENTS

Positions Available

1- Plumbing Tech $28.51/HR-DOE
2- Journeyman Plumber's $28.51/HR-DOE

See attached Job descriptions

Estimated 1 Month project/position, must have transportation to jobsite, hours will vary, and work schedule will be based on scheduling, Davis Bacon wage Scale

Company: Industrial Commercial systems INC

Project Title/Location:
Tohono O'odham Nation Detention Facility Project/Sells Community/District

CLOSING DATE: October 30th 2025 @ 4:05pm

INTERVIEW DATE: TBD via GoTo (virtual)

Plumbing requirements Tohono Detention Center

UNDER GROUND PLUMBING: INSTALL WASTE,WATER AND GAS PIPING FOR COMMERCIAL AND RESIDENTIAL...(BRAZE,SOLDER,PRO PRESS AND MEGA PRESS...READ PLANS)

ROUGH IN TOP OUT PLUMBING:INSTALL WASTE,WATER,GAS,STORM PIPING FOR COMMERCIAL AND RESIDENTIAL...(BRAZE,SOLDER,PRO PRESS,MEGA PRESS...READ PLANS)

FINISH PLUMBING:INSTALL FIXTURES FOR COMMERCIAL AND RESIDENTIAL(WATER HEATERS,TOILETS,SINKS,URINALS,MOP SINKS,FAUCETS,SHOWER VALVES AND TRIM

UNDER GROUND PLUMBING: INSTALL WASTE,WATER AND GAS PIPING FOR COMMERCIAL AND RESIDENTIAL...(BRAZE,SOLDER,PRO PRESS AND MEGA PRESS...READ PLANS)

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APPLICATION FOR EMPLOYMENT

I.C.S. is an Equal Opportunity Employer and complies with all State and Federal rules regarding employment practices, hiring and discrimination.

PERSONAL INFORMATION:

Name: _____ **Date:** _____
Last First Middle

Present Address: _____
No. / Street City Zip Code State

Email Address: _____ **Telephone #:** _____

Are you over eighteen (18) years old? _____ If no, can you provide a legal work permit? _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Have you ever applied at or been employed by this company? ☐ Yes ☐ No If yes, when? _____

If hired, when will you be able to begin work for I.C.S.? _____

Do you have a current valid driver's license? ☐ Yes ☐ No Type / Class _____ State _____

Position Applied for: _____

Job Related Skills *(Please fill in the section below, only for items you believe to be related to the position you have applied for):*

List any languages in which you are fluent: _____

Please list any other skills, licenses, or certificates that you possess that you feel would be a benefit to your position within the company. _____

_____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Did you Graduate?	List Diploma or Degree
High			☐ Yes ☐ No	
College			☐ Yes ☐ No	
Other (Specify)			☐ Yes ☐ No	

CURRENT /PREVIOUS EMPLOYMENT

If currently employed, may we contact your employer? ☐Yes ☐ No

Name & Address of Company & Type of Business	From		To		Reason for Leaving	Name of Supervisor
	MO	YR	MO	YR		
	Position:					
	Describe the work you did:					
Telephone #						

Name & Address of Company & Type of Business	From		To		Reason for Leaving	Name of Supervisor
	MO	YR	MO	YR		
	Position:					
	Describe the work you did:					
Telephone #						

Name & Address of Company & Type of Business	From		To		Reason for Leaving	Name of Supervisor
	MO	YR	MO	YR		
	Position					
	Describe the work you did:					
Telephone #						

PERSONAL REFERENCES

Name & Occupation	Address	Phone Number

The facts I have set forth in my application for employment are true and complete. I understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that should I become employed that my employment will be at-will and can be terminated by either party without notice, at any time, for any reason or for no reason. No one other than an officer of the Company has any authority to enter into any agreement of employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

I hereby authorize an agent of I.C.S. to investigate my references, such investigation may include reference to my character, general reputation, personal characteristics, work habits, etc. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature of any information received about me during said investigation.

Applicant Signature _____ Date _____

ICS
INDUSTRIAL
COMMERCIAL SYSTEMS

Release Authorization

In connection with my application for employment, I understand that information may be requested as to my character, work habits, performance, and experience along with reasons for terminations from previous employers.

I HEREBY AUTHORIZE ANY PAST EMPLOYER OR REFERENCE CONTACTED BY INDUSTRIAL COMMERCIAL SYSTEMS, INC., OR AN AGENT THEREOF, TO FURNISH ANY ABOVE REFERENCED INFORMATION.

Signature _____ Date _____

The following must be filled in completely for your application to be considered:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

Social Security Number _____ Driver's License / Identification Card # _____

DRUG FREE SCREENING POLICY

Pre-Employment

Each applicant being considered for employment with Industrial Commercial Systems, Inc. will be required, as a condition of employment, to submit to a urine drug screen test. **APPLICANTS MUST REPORT FOR DRUG SCREENING WITHIN 24-HOURS OF INTERVIEW. FAILURE TO REPORT WITHIN THIS TIME WILL DISQUALIFY APPLICANT FOR EMPLOYMENT WITH I.C.S.FOR A PERIOD OF THREE (3) MONTHS- AT WHICH TIME THEY MUST GO THROUGH THE ENTIRE APPLICATION PROCESS AGAIN.**

ICS tests for the following drugs: Cocaine, Amphetamines (AMP & MET), Opiates and PCP. Per California state law we do not include THC (Marijuana) in our testing protocol.

If an applicant's drug screen comes up positive, they become ineligible for employment with I.C.S. At this point, the applicant has two options:

(a) If the applicant disagrees with the drug screen results, they may contest the findings and have the sample sent for further testing. This is done at THE APPLICANTS EXPENSE. If upon further testing, the results were found false and the test is indeed Negative, I.C.S. will refund retesting fees paid by the applicant.

(b) (b) If the applicant does not contest the drug screen results, they may be eligible to begin the application process over upon completion of a 90-day waiting period. At the end of the 90-days, the new drug screen will be performed at the APPLICANTS EXPENSE. Note: If the applicant elects option (b), they will be subject to a random drug screen within their first sixty (60) days of employment with I.C.S.

Employee Drug Screening Policy

Industrial Commercial Systems, Inc. reserves the right to drug screen employees for the following reasons:

- There is reasonable cause to suspect that the employee is in violation of the ICS Drug Free workplace policy; or
- If the employee is or may have been involved in a work-related accident or incident which results or might have resulted in serious bodily injury, property loss or damage.

I have read in full and understand the above statements and conditions of employment and freely agree to submit to a urine drug screen test under the terms of this policy. I also understand that violation of this policy may result in the disqualification of my application for employment; or while employed a mandatory leave of absence or discharge from employment.

Signature _____ Date _____

Dear Applicant,

Industrial Commercial Systems is required by Federal law to track certain information about job applicants, including applicant's' sex, race, and veteran status. In keeping with our commitment as an Equal Opportunity Employer, Industrial Commercial Systems invites applicants to voluntarily provide this information.

1. This survey is **voluntary** and your decision not to participate will not result in any adverse treatment against you, nor will the information you provide be used against you in any way. If you do not wish to participate, you may write-in your name below and mark the appropriate box in Question 1.
2. It is the policy of Industrial Commercial Systems to promote equal employment opportunity to all qualified persons, without regard to race, color, creed, sex, religion, marital status, age, national origin, or ancestry, physical or mental disability, medical condition, sexual orientation, veteran status, or any other consideration made unlawful by federal, state, or locallaws.
3. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

Applicant's Name: _____

Date of Application: _____

Position applied for: _____

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1. ☐ I prefer **not** to participate in this survey.
2. I am:
   - ☐ Male
   - ☐ Female
3. Which of the following best describes you? *(Select only one option below)*
   - ☐ White
   - ☐ Latino/Hispanic
   - ☐ Black/African American
   - ☐ Native Hawaiian/Other Pacific
   - ☐ Islander Asian
   - ☐ American Indian/Alaska
   - ☐ Native Two or More Races
4. I am a: *(Select all applicable to you)*
   - ☐ Veteran (Branch_____, Discharge Date_____)
   - ☐ Disabled veteran
   - ☐ Veteran who served on active duty during a
   - ☐ War Veteran who received a campaign badge
   - ☐ Armed Forces Service Medal veteran

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:

Job Title: _____ Date of Hire: _____