



**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 TERO Clients

Available Positions

2- Mason Tenders \$20.00-\$28.00 DOE

Stocks CMU blocks and other masonry materials. Assists in erecting and disassembling scaffolds, mixing mortar and grout, cuts rebar and blocks as needed, cleans work area and uses shovels, brooms, and wheelbarrow.

2- Mason \$28.00-\$32.00 DOE

Masons must possess a complete set of quality mason personal tools and must possess a quality 48" level. Mason will be erecting and disassembling scaffolding, manually cutting rebar and blocks, cleaning work area and expected to lay a minimum of 150 blocks each day and help with the grouting process as required.

All candidates must be able to lift 100lbs repetitively. No fear of heights. Able to climb ladders, has reliable transportation. Must possess a retractable tape measure of 25' min, construction crayon, pencil or sharpie.

Company: [Precision Masonry, LLC](#).

Start Date: ASAP

Estimated: 10 working days

Project Location – Sells- Planning & Economic Development Building

CLOSING DATE: Thursday, October 9, 2025 at 830am

INTERVIEW DATE: Friday, October 10, 2025; Time TBD

Interviews will be held virtually

Application for Employment **PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER**

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION		DATE YOU CAN START	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	
REASON FOR LEAVING			
		NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____			

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE		LEAVING DATE	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE		LEAVING DATE	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE		LEAVING DATE	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST THE APPLICANT DURING THE HIRING PROCESS FOR ANY REASONS RELATING TO RACE, COLOR, SEX, RELIGIOUS AFFILIATION, NATIONAL ORIGIN, GENDER, OR ANY DISABILITY.

☐ Have you been convicted of a felony within the last 5 years? ☐ Yes ☐ No. Describe. _____

This question is being asked because the job for which you are applying is considered a "security-sensitive" job, requiring a very high level of trust, such as any position in which the employee handles currency, has access to a job-related computer terminal, has access to a master key, or works in an area which has been designated as a security-sensitive area. Answering yes to this question will not constitute an automatic rejection of employment. The date of the offense, the seriousness and nature of the violation, rehabilitation, and position applied for will all be considered. If your record was expunged, sealed or set aside, you may answer "no" to the above question.

☐ I understand and agree that, in the event that I am offered a job, I may be required to take one or more: ☐ physical examination; ☐ drug test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s), other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that all potential employees are required to take a physical examination and/or drug test and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate on the basis of disability, health problems, or medical conditions.

☐ Yes ☐ No

Any information voluntarily disclosed in the following question will only be used by the employer to determine the extent of any employer-provided accommodations that may be necessary for the applicant under the American with Disabilities Act; the information disclosed will not be used to discriminate against the applicant during the hiring process for any reasons relating to disabilities, health problems, or medical conditions.

☐ Are you able to perform each of the following job functions with or without an accommodation?

☐ Yes ☐ No

JOB FUNCTION #1 _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #2 _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #3 _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

☐ What foreign languages do you speak/write/read fluently? _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE _____

SIGNATURE _____

Do Not Write On This Page - For Interviewer's Use Only

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

INTERVIEWED BY		DATE
REMARKS		
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED 1: EMPLOYMENT MANAGER:				DATE
APPROVED 2: DEPARTMENT MANAGER:				DATE
APPROVED 3: GENERAL MANAGER:				DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

New Employee Information

Employee Data

Name: _____ S.S.N.: - - -
LAST FIRST M.I.

Current Address: _____
City: _____ State: _____ Zip: _____
How long have you resided at current address?
Phone: _____

Prior Address: _____
City: _____ State: _____ Zip: _____
How long did you reside at prior address?
Phone: _____

Are you over 18 years of age? ☐ Yes ☐ No Sex: ☐ Male ☐ Female

Have you worked for this company in the past? ☐ Yes ☐ No
If so, when? _____

Names of friends or relatives who presently work for this company: _____

Emergency Contact Information

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____
How is this person related to you? _____

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____
How is this person related to you? _____

Employment Position

Position: _____ Date started: _____ Starting salary: _____

Job responsibilities: _____

Training Requirements

Type of training	Location	Amount of time needed	Dates

Previous Relevant Training

Date of Training	Location	Describe training received

General

List any foreign languages you speak and check your level of fluency:

	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

Military

Have you served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:
Served from	/	/	to / / Rank:
Do you have any military commitment, including National Guard service that would influence your work schedule?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, explain:			
Are you a Vietnam veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a special disabled veteran?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

REASONABLE ACCOMMODATIONS: In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

Additional Information

Authorization

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: _____ Date: _____