

#### 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 Job Opportunities

5- Stucco Finishers - Rate \$15.00

Prepare exterior wall surfaces for the application of wire, foam and stucco finishing.

Start Date: ASAP Schedule: Monday-Saturday Start Time: 8AM-5PM (All are Subject to change)

**Duration: 30 days (Subject to change)** 

Contractor: Casa de Otero, Inc.

Project Location: San Lucy District, Gila Bend AZ

CLOSING DATE: MONDAY, NOVEMBER 24, 2025 @ 5:00PM

INTERVIEW DATE: TBD

Interviews will be conducted via GoTo Meeting or Via Telephone

## **Employment Application**



Date:	Position Applying For:	
Personal Information		
Full Name:		
Address:	City: State:	Zip:
Phone Number:	Email Address:	
Employment History		
1. Company Name:		
Position:	Dates Employed: From	To
Responsibilities:		
2. Company Name:		
Position:	Dates Employed: From	To
Responsibilities:		
3. Company Name:		
Position:	Dates Employed: From	То

Responsibilities:	
Education	
High School:	Graduation Year:
College/University:	Graduation Year:
Degree:	
Licenses and Certifications	
CDL License Number:Expiration Date:	Type of CDL:
Other Certifications (e.g., OSHA, First Aid):	
Drug Testing Consent	
I understand that as part of the hiring process, consent to this condition.	I will be required to undergo a drug test. I
Signature:	Date:
References	
1. Name:	Relationship:
Phone Number and email:	
2. Name:	Relationship:
Phone Number and email:	
Additional Information	
Are you legally eligible to work in the United St	ates? (Yes/No)
Have you ever been convicted of a felony? (Yes,	/No)
If yes, please explain:	

### **Employment Application**

#### Applicant's Statement

I certify that the information provided in this application is true and complete to the best of
my knowledge. I understand that falsification of any information may disqualify me from
employment or result in termination if employed.

Signature:	Date:
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