



**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  
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**Attention Tohono O'odham TERO Clients**

**Available Positions**

**2-3 Certified Flaggers- \$24.18 (fringe 7.59)**

Installs and removes safety equipment on the right of way for active work zones.

**Pre-employment drug screening requirement**

**Company: [Quail Construction, LLC](#).**

**Start Date: December 1, 2025**

**Estimated: 1-2 months**

**Project Location – Gu-Vo District, BIA Route 1**

**CLOSING DATE: Monday, November 24, 2025 at 4pm**

**INTERVIEW DATE: Tuesday, November 25, 2025**

Interviews will be held virtually



# Employment Application

PLEASE COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		E-MAIL ADDRESS			
DATE OF APPLICATION		POSITION APPLYING TO		DATE AVAILABLE	

CURRENT ADDRESS					
ADDRESS					
CITY		STATE		ZIP	

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one (1) driver's license (49 CFR 383.21). I certify that I do not have more than one (1) motor vehicle license, the information for which is listed below. <i>Include all licenses held for the past three (3) years; attach additional sheets if needed.</i>				
STATE	LICENSE#	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_

EMPLOYMENT HISTORY					
CURRENT (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
COMPLETE ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					

SECOND (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
COMPLETE ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					

THIRD (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
COMPLETE ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualification you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT PRINTED NAME		DATE	
APPLICANT SIGNATURE			