

### 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**

## 3- Pipelayer Laborers- \$17.20 Hourly

Manual labor, must be able to lift heavy equipment and material, knowledge of underground utilities (wet), knows how to use a shovel, assist skilled workers, maintain clean jobsite, operate simple tools and machinery as needed.

Estimated 3-4 Month project/position must have transportation to jobsite, hours will vary, and work schedule will be based on scheduling. Davis Bacosn Wage Scale

START DATE: January 05, 2026

Company: Central Arizona Civil Construction

Project Title/Location: - San Xavier District-Tohono O'odham Nation/ San Xavier

West Sewer Upgrades

CLOSING DATE: December 22, 2025 @8:25 am

INTERVIEW DATE: TBD via GoTo (virtual)



# CENTRAL ARIZONA CIVIL CONSTRUCTION COMPANY PO BOX 1224

#### QUEEN CREEK, AZ 85142

It is our policy to comply with all a other protected classifications.	pplicable state and federal laws prohibiting dis	crimination in emp	ployment based on race, age, colo	or, sex, religion,	national origin, disability or
Please carefully read and answer a a résumé, but all questions must be an	II questions. You will not be considered for en iswered.	ployment if you fa	il to completely answer all the qu	estions on this a	application. You may attach
	POSITIO	N APPLYING FO	R		
LABORER			LOADER OPERATOR		N/A AT THIS TIME
PIPE LAYER			WATER TRUCK DRIVER		N/A AT THIS TIME
OPERATOR			FORMAN		N/A AT THIS TIME
PIPE FUSION TECH	■ N/A AT THIS TIME		OTHER-		N/A AT THIS TIME
	PER:	SONAL DATA			
NAME, (LAST,FIRST,MIDDLE)					
STREET ADDRESS AND/OR MAILING AD	DRESS		CITY	STATE	ZIP
CELLULAR NUMBER			HOME NUMBER	I	1
ARE VOLUMETHORIZED TO CORVENIE	THE LLC ON AN UNDESTRUCTED DAGIS?	VEC	L NO		
	THE U.S. ON AN UNRESTRICTED BASIS?  ny? (Convictions will not necessarily disqualify a	YES	NO NO Ployment.) YES	L	NO 🗆
IF YES EXPLAIN:	ty: (Convictions will not necessarily disquality a	m applicant for em	proyment.) TES		NO L
	of the job or have you been viewed a copy of the job f the job with or without reasonable accommodation			S NO	P 🗆
	y education or training you feel relates to the p	osition applied for	that would help you perform the	work, such as sch	nools, colleges, degrees,
vocational or technical programs, and n					
	SCHOOL NAME	DEGREE	ADDR	ESS/CITY/STA	TE
SCHOOL					
SCHOOL					
OTHER					
SPECIAL SKILLS LIST ANY SPECIAL	SKILLS OR EXPERIENCE THAT YOU FEEL WOULD	HELP YOU IN THE	POSITION YOU ARE APPLYING FO	R(LEADERSHIP,O	RGANIZATIONS/TEAMS ECT
					17
REFERENCES Please	list three professional references not related t professional references, th			elationship. If yo	ou don't have three
NAME	ADDRESS/CITY/STA	ATE	PHONE		RELATIONSHIP
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WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)					
JOB TITLE #1	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)			
COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER			
СІТУ	STATE	ZIP			
DUTIES:	-				
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY			
JOB TITLE #2	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)			
Company Name	SUPERVISOR'S NAME	PHONE NUMBER			
СПУ	STATE	ZIP			
DUTIES:	<u>,</u>				
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY			
JOB TITLE #3	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)			
COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER			
СІТУ	STATE	ZIP			
DUTIES:	<u>,                                    </u>	,			
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY			
JOB TITLE #4	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)			
Company name	SUPERVISOR'S NAME	PHONE NUMBER			
СПУ	STATE	ZIP			
DUTIES:	<u>,</u>				
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY			
employed, false statements, omissions or misrepresentations is set forth in this application and release the Employer from an I acknowledge and understand that the company is an	nployment are true and complete to the best of my knowledge. I under may result in my dismissal. I authorize the Employer to make an investig liability. The employer may contact any listed references on this appli "at will" employer. Therefore, any employee (regular, temporary, or ot erminate the employment relationship with any employee at any time,	gation of any of the facts cation. her type of category			
APPLICANT SIGNATURE	DATE				