



**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

3-4- Drywall Hangers \$17.44

Must have experience in drywall hanging.

3-4- Drywall Taper/ Finisher \$20.38

Must have experience in tape and texture.

Must have own tools for each position. See list attached.

Company: Tripp Drywall, Inc.

Start Date: ASAP

Estimated: 2-4 days per house, as needed

Project Location – Topawa & Pisinemo Subdivisions

CLOSING DATE: Monday, January 26, 2026 at 1pm

INTERVIEW DATE: TBD

Interviews will be held virtually

Tripp Drywall Inc.

JOB: TOKA 1838 APR 24 1943 NC 25

DATE:

Oct 16 - 1944

12-17-25

NAME:
YRS EXPERIENCE:
COMPANIES WORK FOR:

1. BOOTS
2. TRANSPORTATION TO & FROM JOB SITE
3. HARD HAT

DRYWALL INSTALLER

1. DRYWALL BENCH
2. DRYWALL HATCHETT
3. MEASURE TAPE
4. PENCIL
5. KNIFE
6. KEYHOLE SAW
7. T SQUARE
8. KICKER
9. ROUTER
10. 50 FT EXT CORD
11. CIRCLE CUTTER
12. SCREW GUN
13. TWO POUCHES
14. METAL SNIPS

DRYWALL TAPER / FINISHER

1. 6,8,10,12" KNIFE
2. 1 12" PAN
3. 2 BUCKETS
4. 1 PAIR OF STILTS
5. 1 HOSE
6. 1 STOMPER OR PADDLE DRILL
7. 1 SANDPOLE
8. 1 HAWK & TROWELL
9. 1 CAULKING GUN
10. 1 PAIR METAL SNIPS
11. 1 BAZOOKA
12. 2 PUMPS
13. 1 GOOSE NECK
14. 1 NIPPLE
15. 1 GLAZOR
16. 1 ANGLE HEAD
17. 1 10" BOX
18. 1 12" BOX
19. BOX HANDLE

NOTES

TMA DIVISION

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APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)

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

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED? <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?		

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

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK
OR SPECIAL TRAINING/SKILLSU.S. MILITARY OR
NAVAL SERVICE

RANK _____

FORMER EMPLOYERS

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST:

DATE MONTH AND YEAR FROM _____ TO _____	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				