



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

1- Concrete Finisher- \$ 17.13 PT/HR

Places and finishes Concrete as directed

2-Concrete Form setters- \$15.15 PT/HR

Installs forms, reinforcing, sub-grade materials and vapor barriers as directed.

Strip form from cured concrete.

Must have your own tools and PPE & Transportation to job site.

Job/Position will be as needed

START DATE: ASAP

Company: Sarah Development Inc

**Project Title/Location: TOKA 1051-T8-25-12 New Homes
San Xavier District/Tohono O'odham Nation**

CLOSING DATE: March 4,2026 @ 2:35 pm

INTERVIEW DATE: TBD -via GoTo (virtual)-or in person



3887 E. AJO WAY
 TUCSON, AZ. 85714
 Phone: 520-514-8200
 Fax: 520-514-1050

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

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

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? _____ YES _____ NO	IF SO, MAY WE INQUIRE OF YOU PRESENT EMPLOYER? _____ YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? _____ YES _____ NO	WHERE?	WHEN?

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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 ground for dismissal.

I authorized 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.

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.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1 _____ 2 _____ 3 _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER