

## TOHONO O'ODHAM NATION TRIBAL EMPLOYMENT RIGHTS OFFICE

P.O. Box 40 Sells, Arizona 85634 Office: 1-888-882-5510 (Toll Free) • Direct Line: (520) 383-3304 Fax: (520) 383-2781 • E-mail: tero@toua.net





## 1-Fence Installer- \$10.62/HR

(Knowledgeable in varies types of fence, must be able to lead layout of fence design)

1-Laborer- \$10.62/HR

(dig holes, mix concrete, haul materials over 90lbs))

Davis Bacon Wage Determination/Fringe included if applicable

**Company: Canyon Fence** 

**Project Location- Sells, AZ-TOKA 1008-TC-16** 

CLOSING DATE: Thursday November 16, 2017 @ 8:15AM

**INTERVIEW DATE: Thursday November 16, 2017 @ 8:30AM** 

APPLICATIONS AVAILABLE AT THE TON/GRIC/PYT T.E.R.O. OFFICES, YOUR LOCAL DISTRICT OFFICE AND THE PHOENIX/TUCSON INDIAN CENTER

|   |         |            |               |   |                    |              |              |           |           |          |          |       | 3  |
|---|---------|------------|---------------|---|--------------------|--------------|--------------|-----------|-----------|----------|----------|-------|--|
| Last Name                                       |         |            |               | Piret                                   |                    |              |              |           | A.I. Date |          |          |       |  |
| Street Addr                                     | -       |            |               |   |                    |              |              |           |           | pertu    | ent/Unit | •     |  |
| City  |         |            |               | State                                   | State              |              |              |           | 20        |          |          |       |  |
| Phone   |         |            |               | E-mail A                                | E-meil Address     |              |              |           |           |          |          |       |  |
| Date Available Social                           |         |            | Social Se     | icarity No. Des                         |                    |              |              | ad Salary |           |          |          |       |  |
| Position Ap                                     | plied S | br         |               | -                                       |                    |              |              |           |           |          |          |       |  |
| Are you a c                                     | Hisen : | of the Ur  | stad States?  | YES 🗆                                   | NO 🗆               | I no, a      | re you s     | uthoriz   | ed to wo  | k in th  | e U.S.?  | YES 🗆 | NO 🗆   |
| Have you e                                      | wer we  | orlead for | this company? | YES 🗆                                   | NO 🗆               | If 80, W     | hen?         |           |           |          |          |       |  |
| Have you over been convicted of a falony? YES 🗆 |         |            | NO 🗆          | If yes, explain                         |                    |              |              |           |           |          | •        |       |  |
| THE PERSON NAMED IN                             |         |            |               | N. S. C. Marie                          |                    |              |              |           |           |          |          |       |  |
| High School                                     |         |            |               |   | Address            | -            |              |           |           |          | -        |       |  |
| Prom  |         | To         | Did you       | graduate?                               | YES 🗆              | NO 🗆         | Deg          | rec       |           |          |          |       |  |
| College   |         |            |               | Address                                 |                    |              |              |           |           |          |          |       |  |
| From  |         | To Did you |               | graduate?                               | YES 🗆              | Degree       |              |           |           |          |          |       |  |
| Other   |         | ·          |               | Address                                 |                    |              |              |           |           | -        |          |       |  |
| From  |         | To         | Did you       | graduate?                               | YES 🗆              | NO -         | De           | pree :    |           | <b>-</b> |          |       |  |
|   |         |            | A CARLON      |   |                    |              |              |           |           |          |          |       |  |
| Pul Name  |         |            |               | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    |              |              |           |           |          |          |       | out the state of t |
|   |         |            |               |   | Relationship Phone |              |              |           | +         |          |          |       |  |
| Address   | +       |            |               |   |                    |              | PERMIN       |           |           | +        |          |       |  |
| Pull Name                                       | -       |            |               |   |                    |              | Balatta      |           | •         | +        |          | ·     |  |
|   |         |            |               |   |                    |              | Relationship |           |           | +-       |          |       |  |
| Company Phone .                                 |         |            |               |   |                    |              |              | +-        |           |          |          |       |  |
|   | Address |            |               |   |                    |              |              |           | +         |          |          |       |  |
| Pull Name                                       |         |            |               |   | <del></del>        | Relationship |              |           | 1         | +-       |          |       |  |
| Company   |         |            |               |   |                    | Phone :      |              |           | -         |          |          |       |  |
| Address   |         |            |               |   |                    |              |              |           |           |          |          |       |  |

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|---|-----------------------|---|-----------------|------------------------|
| Company   | •                     | Phone   |                 |                        |
| Address   | Supervisor            |   |                 |                        |
| Job Title   | *                     |   | nding Salary \$ |                        |
| Responsibilities  |                       |   |                 |                        |
| From To Reason for Les  |                       |   |                 |                        |
| May we contact your previous supervisor for a refere  | nce? YES 🗆            | NO 🗆  |                 |                        |
| Company   |                       | Phone   |                 |                        |
| Address   |                       |   |                 |                        |
| Job Title   | Starting Sulary       |   |                 | nding Salary \$        |
| Responsibilities  |                       |   |                 |                        |
| From To Resson for Lie  | Mng                   |   |                 |                        |
| Nay we contact your previous supervisor for a refere  |                       |   |                 |                        |
| Company   |                       |   |                 |                        |
| Address   |                       | Supervisor  |                 |                        |
| Job Title   | Starting Salary       |   |                 | inding Salary \$       |
| Responsibilities  |                       | ) topogrammia an espe serie ( ) to the left between |                 |                        |
| Prom To Resear for Le   | eving                 |   |                 |                        |
| May we contect your previous supervisor for a refer   | ence? YES 🗆           | NO 🗆  |                 |                        |
|   |                       |   |                 |                        |
| Bush  |                       |   | From            | 10                     |
| Planic at Discharge   | Type of               | Discharge ·   |                 |                        |
| If other than honorable, explain  | ,                     |   |                 |                        |
|   |                       |   |                 |                        |
| AND STREET, ST                          |                       |   |                 |                        |
|   | the best of my knowle | dge.  |                 |                        |
| I certify that my enswers are true and complete to  |                       |   |                 |                        |
| I certify that my enswers are true and complete to<br>If this application leads to employment, I understar<br>may result in my relesse. |                       | ding information                                    | in my af        | phiculion or interview |