



**TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**

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Fax: (520) 383-2781 • E-mail: tero@toua.net



WANTED

3-GENERAL LABORERS: \$10.62 EST. 1 WEEK

SHOVEL ABC & ASPHALT AT A RATE TO KEEP UP WITH PAVER

4-ASPHALT RAKERS: EST. 1 WEEK

RAKING ASPHALT AFTER PAVER, ALONG SIDES AND JOINTS. MUST AT LEAST HAVE ONE YEAR OF ASPHALT RAKING

MUST HAVE ALL PROPER PPE, HARD HAT, STEEL TOED BOOTS, GLOVES, SAFETY VEST, AND EYE PROTECTION.

PRE- EMPLOYMENT DRUG TESTING IS REQUIRED.

**FOR
RTR PAVING**

PROJECT LOCATION: SAN MIGUEL, TOKA 1007-SM-16

APPLICATIONS AVAILABLE AT THE T.E.R.O OFFICE, YOUR LOCAL DISTRICT OFFICE AND THE TUCSON & PHOENIX
INDIAN CENTER

CLOSING DATE IS

THURSDAY, NOVEMBER 16, 2017 @ 8:30AM

INTERVIEWS, FRIDAY, NOVEMBER 17, 2017 @ 10:00AM

Attachment G

APPLICATION FOR EMPLOYMENT					
(PRE EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)					
PERSONAL INFORMATION					
NAME					DATE
LAST	FIRST	MIDDLE			SOCIAL SECURITY NUMBER
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SPECIAL QUESTIONS					
DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.					
<input type="checkbox"/> Height _____ feet _____ inches		<input type="checkbox"/> Are you prevented from lawfully becoming employed in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Weight _____ lbs		<input type="checkbox"/> Date of Birth* _____			
<input type="checkbox"/> What Foreign Languages do you speak fluently? _____		Read _____		Write _____	
<input type="checkbox"/> Have you been convicted of a felony or misdemeanor within the last 5 years? ** Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe: _____			
*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.					
**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.					
EMPLOYMENT DESIRED					
POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.					
GENERAL					
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK					
U.S. MILITARY OR NAVAL SERVICE		RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES		

FDPS FORM 3225 (10-77)

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.

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

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

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

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

PHYSICAL RECORD:DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? ☐ Yes ☐ No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE:

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"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 GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU AN AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU."

"I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. If Application for Employment Form is sold for general use throughout the United States, TOPS assumes no responsibility for the inclusion in said form any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.