



**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-Carpenter \$32.90/HR**

Cement forming/formsetting, highway culvert/headwall/embankment curb preparation experience, 4 years experience with own general tools, PPE, transportation to jobsite

- **1-Cement Mason/Finisher-\$23.57/HR**

Able to pour, finish cement, highway culvert headwall/embankment curb preparation experience, 4 years experience with own general tools, PPE, transportation to jobsite

- **1-Ironworker/Rebar-\$28.50/HR**

Installation of rebar for concrete reinforcement, highway culvert headwall/embankment curb preparation experience, 4 years experience with own general tools, PPE, transportation to jobsite

Company: J. Co. Contracting, LLC

Project Location-ADOT SR 86 Nolic-Covered Wells Section

CLOSING DATE: Friday 09, 2023 at 315PM

INTERVIEW DATE: TBD via GoToMeeting



J. CO. CONTRACTING, LLC

P.O. Box 3787
Prescott, AZ 86302
(928)277-4617

Employment Application

License: KB01 ROC239161

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: () _____ Email Address: _____

Birth Date: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: _____

Are you able to pass a legal drug test? YES NO
☐ ☐

Are you a citizen of the United States? YES NO YES NO
☐ ☐ If no, are you authorized to work in the U.S.? ☐ ☐

Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐

Have you ever been convicted of a felony? YES NO If yes, explain? _____
☐ ☐

Do you have a clean Driving Record? YES NO If no, explain? _____
☐ ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College/ Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/ Certificate: _____
☐ ☐

Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Please list two prior employments.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Job Information – FOR OFFICE USE ONLY

Position/Job Duties: _____ Start Date: _____
Supervisor: _____ Salary: \$ _____
Employment Type: Full Time Part Time



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Substance Abuse Policy Acknowledgements and Receipt

Please read this form carefully, sign it, and return it to your supervisor.

I acknowledge and understand that J. Co. Contracting has a Drug and Alcohol Abuse Policy that applies to all employees and leased employees. I understand a copy of the Substance Abuse Policy is available to me at any time through my supervisor or through the J. Co. office.

I understand the policy applies to me, and I agree to comply with all terms and conditions of the policy. I understand that I may be required to provide urine, blood, breath, and/or other samples for testing under the circumstances outlined in the Drug and Alcohol Abuse Policy. I understand that if I fail to comply with any aspect of the policy, I will be subject to discipline, up to and including immediate termination of my employment with J. Co. Contracting.

I understand that the policy is not intended to and does not constitute a contract of employment between me and J. Co. Contracting. I also understand that my employment with J. Co. Contracting is "at will", and that either I or J. Co. Contracting may terminate my employment with J. Co. Contracting at any time, and for any reason. I also understand that no supervisor or manager has any authority to make any statements or representations to me that change or conflict with the "at will" status of my employment with J. Co. Contracting, or that change or conflict with any of the provisions of the Drug and Alcohol Abuse Policy. I understand that the "at will" status of my employment with J. Co. Contracting can be modified only by an express written agreement signed by the President of the company.

I understand that the Drug and Alcohol Abuse Policy supersedes and revokes all previous practice, procedures, policies, and other statements of J. Co. Contracting, whether written or oral, that modify, supplement, or conflict with the Policy. I also understand that the Policy may be amended at any time.

Employee Signature: _____ Date: _____

Employee Name: (please print): _____

Client Company Name: _____