



**TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**
P.O. Box 40 Sells, Arizona 85634
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Attention Tohono O'odham TERO Clients

Available Positions

3- Acoustical Ceiling Installers

\$DOE 15.55 (4.86 fringe)-26.00

Responsible for efficiently installing ceiling tiles and overhead wires.

Must be able to read blueprints and layouts for suspended acoustical ceilings and install grids.

Must be able to lift 90lbs., work from a scaffold, and work 10 hours per day with minimal supervision.

2- Apprentices Acoustical Ceiling Installers

\$DOE 15.55 (4.86 fringe)-DOE

Responsible for efficiently installing ceiling tiles and overhead wires.

Must be able to read blueprints and layouts for suspended acoustical ceilings and install grids.

Must be able to lift 90lbs., work from a scaffold, and work 10 hours per day with minimal supervision.

Company: Barrett-Homes Contractors, Inc.

Start Date: March 26, 2024

Estimated: 1-2 month project

**Project Location – Desert Diamond Far West Valley Casino
8200 N. Sarival Ave., Waddell, AZ 85355**

CLOSING DATE: Monday March 25, 2024 @11AM

INTERVIEW DATE: TBD

Interviews will be held virtually

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE

NAME

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 ☐

No ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes ☐

No ☐

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?

REFERRED BY

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				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE 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				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]
IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

IN CASE OF
EMERGENCY NOTIFY

Signature of Applicant

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

APPLICATION FOR EMPLOYMENT

ATTACHMENT "A"

1. On a scale of one to five, one being the lowest rating and five being the highest, circle how you rate yourself in the following skills.

A. Punctuality	1	2	3	4	5
B. Dependability	1	2	3	4	5
C. Neatness	1	2	3	4	5
D. Communication Skills	1	2	3	4	5
E. Following Instructions	1	2	3	4	5
F. Following Policies	1	2	3	4	5
G. Initiative	1	2	3	4	5
H. Reliability	1	2	3	4	5
I. Time Utilization	1	2	3	4	5
J. Planning Ability	1	2	3	4	5
K. Patience	1	2	3	4	5
L. Temperament	1	2	3	4	5

2. On a scale of one to five, one being the lowest rating and five being the highest, circle how you rate your work performance in the following work categories. If you do not or have not worked in a specific category circle the N/A column.

A. Exposed Lay-In Grid Installation	1	2	3	4	5	N/A
B. Concealed Grid Installation	1	2	3	4	5	N/A
C. Lay-In Tile Installation	1	2	3	4	5	N/A
D. Tegular Tile Installation	1	2	3	4	5	N/A
E. Concealed Suspended Tile Installation	1	2	3	4	5	N/A
F. Mastic Tile Installation	1	2	3	4	5	N/A
G. Specialty Ceiling Installation	1	2	3	4	5	N/A
H. Acoustical Wall Panel Installation	1	2	3	4	5	N/A
I. Ceiling Lay-Out Work	1	2	3	4	5	N/A
J. Cold Storage Wall Panel Installation	1	2	3	4	5	N/A
K. Cold Storage Ceiling Panel Installation	1	2	3	4	5	N/A
L. Cold Storage Door Installation	1	2	3	4	5	N/A
M. Demountable Partition Panel Framing	1	2	3	4	5	N/A
N. Demountable Partition Panel Installation	1	2	3	4	5	N/A
O. Door Frame, Door & Hardware Installation	1	2	3	4	5	N/A

APPLICATION FOR EMPLOYMENT

ATTACHMENT "B"

ACOUSTICAL CEILING KNOWLEDGE EVALUTATION

1. How many wraps do you put on ceiling wires? _____
 2. What is the typical spacing on ceiling wires? _____
 3. What is a screw pole used for? _____
 4. What is a pole gun used for? _____
 5. What is typical space for W.A. fasteners? _____
 6. How do you square grid in a room? _____
 7. What is shadow mold? _____
 8. How many dabs of mastic are applied to go on each 12x12 glue up tile? _____
 9. What type ceiling is a breather spline used with? _____
 10. What type ceiling is fiber spine used with? _____
 11. What is the difference between flat and tegular tile? _____
 12. What is the purpose of the rabbeted edge or arrows on the backs of tiles? _____
-

Tools

The following is a list of basic acoustical ceiling tools. The left column is required to be supplied by the employee. The right column is typically supplied by the company. Please mark the tools you currently own and are available for use in each column.

<input type="checkbox"/> Tin Snips (right hand reds)	<input type="checkbox"/> Laser Target (permanent issue)
<input type="checkbox"/> Tin Snips (left hand greens)	<input type="checkbox"/> Laser (temporary issue)
<input type="checkbox"/> Tin Snips (straights yellow)	<input type="checkbox"/> Rubber Clamps (6 max per year)
<input type="checkbox"/> Tool Bags & Belts	<input type="checkbox"/> Dry Line (permanent issued as needed)
<input type="checkbox"/> Hammer	<input type="checkbox"/> Electric Drill (permanent issue)
<input type="checkbox"/> 25' or 30' Retractable Tape	<input type="checkbox"/> 100' Electrical Cord (permanent issue)
<input type="checkbox"/> 100' Steel Tape	<input type="checkbox"/> 50' Electrical Cord (permanent issue)
<input type="checkbox"/> Utility Knife (tile knife)	<input type="checkbox"/> 6' Rolling Scaffold (permanent issue)
<input type="checkbox"/> Blades for Utility Knife	<input type="checkbox"/> 4' Rolling Scaffold (permanent issue)
<input type="checkbox"/> Honing Stone	<input type="checkbox"/> Eye Protection (permanent issue)
<input type="checkbox"/> Key Hole Saw	<input type="checkbox"/> Ear Protection as needed
<input type="checkbox"/> Scribes or Compass	<input type="checkbox"/> Hard Hat (permanent issue)
<input type="checkbox"/> Pop Riveter	<input type="checkbox"/> Screw Pole (temporary issue)
<input type="checkbox"/> Whitney Punch	<input type="checkbox"/> Cordless Drill (temp/perm issue)
<input type="checkbox"/> 9/16 Whitney Punch	<input type="checkbox"/> Powder Activated Tools (temporary issue)
<input type="checkbox"/> Pliers (Klines)	<input type="checkbox"/> Saber Saw (temporary issue)
<input type="checkbox"/> Lather Snips	<input type="checkbox"/> Portaband Saw (temporary issue)
<input type="checkbox"/> Chalk Box	<input type="checkbox"/> Upright Bank Saw (temporary issue)
<input type="checkbox"/> Colored Chalk	<input type="checkbox"/> Cut Off Saw (temporary issue)
<input type="checkbox"/> Plumb Bob	<input type="checkbox"/> Electric Miter Saw (temporary issue)
<input type="checkbox"/> 2' Level	<input type="checkbox"/> Ladder (temporary issue)
<input type="checkbox"/> 4' Level	<input type="checkbox"/> Skill Saw (temporary issue)
<input type="checkbox"/> Combination Square	<input type="checkbox"/> Linear Metal Cutter (temporary issue)
<input type="checkbox"/> Rasp	<input type="checkbox"/> J Clip Tool (temporary issue)
<input type="checkbox"/> Hack Saw	<input type="checkbox"/> Fall Protection Equipment (temporary issue)
<input type="checkbox"/> Screw Driver Flat Head	<input type="checkbox"/> HAZCOM Book (permanent issue)
<input type="checkbox"/> Screw Driver Philips Head	
<input type="checkbox"/> Clamping Pliers (vice grips)	
<input type="checkbox"/> Trowel (glue up)	
<input type="checkbox"/> Straight Edge	
<input type="checkbox"/> Water Level	
<input type="checkbox"/> Portable Tool Box	
<input type="checkbox"/> Awl	
<input type="checkbox"/> Leather Hard Sole Shoes	

As an employee of Barrett-Homes Contractors you are responsible and held accountable for any temporary and permanent issued tools.

Check your equipment, scaffolding, electric tools, powder activated tools etc. Do not use if any defects are detected and turn in A.S.A.P. for repairs.

Employee Signature: _____ Date: _____