

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 TERO Clients Available Positions

4-General Laborers= \$19.34 (\$14.64 Rate+ \$4.70 Fringe)
Shoveling, Raking and Picking up trash

Start Date: ASAP Schedule M-F Start Time: 6:00AM-2:30PM

(All are Subject to change)

Duration: 3 Months (Subject to change)

Contractor: Arizona Demolition Services

Project Location: 9431 W. Northern Ave. Glendale, Arizona

Desert Diamond West Valley Casino

CLOSING DATE: THURSDAY, JUNE 20, 2023 @1:30PM

INTERVIEW DATE: TBD

Arizona Demolition Services

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Application Date	
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Name(Last/First/MI)	SS Number/
Street Address	
City/State/Zip	
Phone-Home	Phone-Work
RK DESIRED:	
Position desired	Date available to work
Minimum Acceptable Starting Hour	arly Rate \$
Are you applying for:Full Tir	imePart Time Temporary
List days and hours prefe	ferred
Are there any days or hours you wil	ll not be able to work?
Please specify:	
Are you willing to work overtime as	is requested?YesNo
Would you accept another position?	?YesNo
RSONAL:	
Are you at least 18 years old?	_YesNo
Please list any other name by which	h you have been known to verify education and work records:
Have you ever been employed by the	his organization?YesNo
	, fromto
Indicate applicable work skills:	

PERSONAL:
Do you have relatives working for this organization?YesNo
If yes, name, relationship
Can you, after employment, submit within 3 days certification of your legal right to work
in the U.S. ?No
Have you ever been counseled or disciplined for being late or absent from work?YesNo
Can you perform the essential functions of the job as defined in the job description with or
without reasonable accommodations?YesNo
Have you ever been convicted of a crime other than a minor traffic violation?YesNo If yes, please explain: (Note: Conviction will not necessarily disqualify you from employment)
Military Service?YesNo If yes, from to Branch of Service Highest Rank Obtained Indicate any special job related training:
Have you ever been dismissed or forced to resign from any employment?YesNo If yes, Please explain:
EDUCATIONAL RECORD:
School Name, City & State Major Field Degree Earned
High School
College or University
Graduate School
Technical, Business, Other School
Describe any special training or courses you have had relating to the position or type of work you are seeking:

EMPLOYMENT RECORD: Chronologically list employment and unemployment for the past ten years, beginning with your most recent employment. If additional space is needed, attach a supplemental sheet. Attach resume only to supplement information.

Employer		Employer	
Address (Street, City, State & Zip)	Phone	Address (Street, City, State & Zip)	Phone
Starting Position	Starting Salary	Starting Position	Starting Salary
Last Position	Final Salary	Last Position	Final Salary
Dates Employed	Immediate Supervisor	Dates Employed	Immediate Supervisor
		From To	
From To Duties		Duties	
Reason for Leaving		Reasons for Leaving	
Employer		Employer	
Address (Street, City, State & Zip)	Phone	Address (Street, City, State & Zip)	Phone
Starting Position	Starting Salary	Starting Position	Starting Salary
Last Position	Final Salary	Last Position	Final Salary
Dates Employed	Immediate Supervisor	Dates Employed	Immediate Supervisor
From To		From To	
Duties		Duties	
Reason for Leaving		Reasons for Leaving	

PROFESSIONAL LICENSES/CERTIFICATIONS/ FINGER PRINT CLEARANCE CARD:				
Type	State	Exp. Date	Registration No.	
	DENCES Discosticular		1 . 16	
	-	rsonal references that we may o	•	
Name	Phone #	Occupation	Relationship	
l				
2				
3				
OTHER SKILLS O	OR EXPERIENCE: Please list	any other skills or experience	you feel may be helpful in th	
position you are app	lying for.	•	, ,	

APPLICANT CERTIFICATION READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided on this employment application is true and complete. I understand and agree that employment with ADS, if offered, may be immediately discontinued if misrepresentation, falsified statements, or material omissions are found to have been made. I authorize former employers, and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I also understand, that employment, if offered, is contingent upon providing my finger print clearance card within 30-60 days from my date of hire, along with providing proof of identity and employment eligibility along with completing a Form I-9. I also understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the company. I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I have read the above, understand its content and meaning, and agree to all of its provisions.

may be in effect from time to time. I have read the above, understand its to all of its provisions.	content and meaning, and agree
I understand that, upon my request, I will be provided a copy of my s	igned employment application.
SIGN HERE	DATE