



**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



Job Announcement

Position Available

**(1) Journeyman Roofer \$21.17/HR
(See Attachment)**

Company: Progress Roofing

Start Date: TBA

Duration of Job: See Attachment

Job Site Location: Sells, AZ

Project Name: Sells Headstart and Child Care Center

Closing Date: Tuesday June 25, 2024 at 4:00 pm

Interview date and time: TBA

Interview will be conducted virtually.



PROGRESSIVE ROOFING



MEMBER
NATIONAL
ROOFING
CONTRACTORS
ASSOCIATIONS

#210

Job Description

Roofer: 5+ year's experience in applications of roofing. Must not be afraid of heights, experience in making repairs, and power washing roofs.

PROGRESSIVE SERVICES, INC. D.B.A. PROGRESSIVE ROOFING

047565 C-42 (AZ)
073961 L-42 (AZ)
082788 C-05 (AZ)
082792 BE (AZ)

4222 West Jeremy Place • Tucson, AZ 85741
(520) 744-6707 • fax (520) 744-3770

082793 AE (AZ)
577294 B, C-39, C-43 (CA)
034331 GS-21 (NM)
22525 C-15A (NV)

Albuquerque
(505) 341-3800

Dallas
(214) 348-7663

Denver
(303) 286-8200

Flagstaff
(928) 714-0688

Las Cruces
(575) 641-8103

Manteca
(877) 360-0030

Phoenix
(602) 278-4900

Tucson
(520) 744-6707

PROGRESSIVE ROOFING

APPLICATION FOR EMPLOYMENT

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source

☐ Advertisement ☐ Employee _____ NAME _____ ☐ Government Employment Agency
☐ Walk-in ☐ Relative _____ NAME _____ ☐ Private Employment Agency
☐ Other _____

Name _____ LAST _____ FIRST _____ MIDDLE _____

Other Names Used _____

Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Telephone # () _____ Alternate Phone # () _____ Email: _____

May we contact you at work?..... ☐ Yes ☐ No

If yes, work number and best time to call () _____ : AM/PM

If you are under 18 and it is required, can you provide a work permit?..... ☐ Yes ☐ No

If no, please explain _____

Have you previously submitted an application to The Company?..... ☐ Yes ☐ No

If yes, give date(s): From ____ / ____ / ____ To ____ / ____ / ____

Do you have friends or relatives working here? ☐ Yes ☐ No If yes, give names: _____

Have you ever been employed here before?..... ☐ Yes ☐ No

If yes, give date(s): From ____ / ____ / ____ To ____ / ____ / ____

Reason for Leaving _____

Are you legally eligible for employment in this country?..... ☐ Yes ☐ No

Date available for work ____ / ____ / ____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary

What hours are you available for work? _____

Will you work overtime if required?..... ☐ Yes ☐ No

If no, please explain _____

Will you relocate if job requires it? ☐ Yes ☐ No Will you travel if job requires it?..... ☐ Yes ☐ No

Have you ever been convicted of a crime in the last seven (7) years?..... ☐ Yes ☐ No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment. List all employment within the last _____ years.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Gaps in Employment (Account for all periods of unemployment of three months duration or more in the above employment history, excluding periods of time when you were a full-time student.)

From	To	State What You Were Doing
MO/YR	MO/YR	
MO/YR	MO/YR	
MO/YR	MO/YR	

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank (if known). E. Major field of study. F. Minor field of study.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA/ CLASS/RANK	E. MAJOR	F. MINOR
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. You may wish to include foreign language skills, typing skills, PC skills, software used, office equipment, etc.

Additional Information

List professional, trade, business or civic associations, special accomplishments, publications or awards.

EXCLUDE MEMBERSHIPS AND INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you should like us to consider:

REFERENCES

List name and telephone number of three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you.

NAME	HOW KNOWN	TELEPHONE	YEARS KNOWN
		()	
		()	
		()	

IN CASE OF
EMERGENCY, NOTIFY:

NAME

ADDRESS

TELEPHONE

AS AN APPLICANT I UNDERSTAND AND AGREE TO THE FOLLOWING:

The Company does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. Pursuant to the Americans with Disabilities Act, it is The Company's policy to hire qualified individuals with a disability as long as the individual can perform the essential functions of the job, with or without a reasonable accommodation.

In connection with The Company's consideration of me for employment, continued employment, promotion or reassignment or as part of an investigation, I understand that The Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job reference, personal reference, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide The Company with job-related information regarding my character, general reputation, personal characteristics, work record and characteristics, skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment and other pertinent information.

I hereby consent to The Company, or persons acting on its behalf, obtaining the above stated information, I authorize, without reservation, any person or entity contacted by The Company or anyone acting on its behalf to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release The Company from any and all liability for conducting such an investigation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation(s).

In addition to authorizing the release of any information regarding my employment and background, I hereby fully waive any rights or claims that I have or may have against my former employers, their agents, employees and representatives regarding the release of information and release them from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize The Company or persons acting on its behalf to make these investigations, and to use job-related information obtained in its employment decision, including but not limited to, the truthfulness of my responses to The Company's employment inquiries. I hereby state that all information that I provide on this application and in any interview is true and accurate. I am aware that false statements, misrepresentations of facts, or material omissions may be sufficient to disqualify me for employment, or if employed, may result in my termination.

I have not signed any employment agreement or other agreement which limits the type of job I might accept in the future, or which limits for whom I might work in the future, with any employer by whom I have been employed at any time during the past two (2) years. If a job offer is extended, my initial and continued employment will be conditioned upon execution of agreements, if appropriate, with regard to invention, patent, confidentiality and non-competition. I also understand that after receipt of a job offer from The Company, I may be required as a condition of employment to submit to a medical examination and/or a drug test. Applicants for employment may be sent to a designated facility to undergo a drug-use test as part of the pre-employment process.

If employed, I will be required to provide proof of identity and legal work authorization, and I must meet minimum age requirements of applicable laws. I understand and acknowledge that there have been no oral or written representations made promising or guaranteeing employment or continued employment.

I understand that nothing contained in this application, offer letter, or in the interview process is intended to create an employment contract between The Company and me. If I am employed, I have a right to terminate my employment at any time and for any reason. Similarly, The Company may terminate my employment at any time, with or without notice and with or without cause. The Company is an at-will employer. I further understand that no representative of The Company has any authority to enter into any agreement with me for any specified period of time or to guarantee some other benefit, other than the President and any such agreement must be in writing to be effective. Supervisors do not have authority to make oral agreements guaranteeing employees' future promotions, pay raises, benefits, reassignments or transfers. Any such assurances must be in writing and signed by the President to be enforceable. This statement applies to the period prior to or after I may be employed.

I understand that my application for employment will be considered active for 60 days. After the expiration of 60 days, and, if I still desire to be considered for employment, it will be necessary for me to complete a new application.

Signature of Applicant: _____ Applicant Name: _____ (Print)

Date: _____

An Equal Opportunity Employer