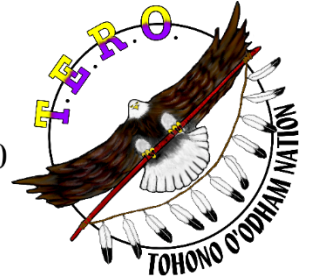




**TOHONO O'ODHAM NATION  
TRIBAL EMPLOYMENT RIGHTS OFFICE**  
P.O. Box 40 Sells, Arizona 85634  
Direct Line (520) 383-3304 Tucson Line (520) 547-8160  
Fax (520) 383-2781 Email: [tero@toua.net](mailto:tero@toua.net)



## **Attention Tohono O'odham TERO Clients Job Opportunities**

### **2-Pipe Layer/Irrigation Tech/ Irrigator– Rate \$17.11+ Fringe \$4.70= \$ 23.59**

**Job Description:** Measure pipe, cut, glue install pipe, install emitters, install valves, build and install black flow, program controller, run and install wire.

**Requirements:** Must have experience installing irrigation systems and go through AAA Certification.

### **Pre-Employment Drug Screening Requirement**

**Start Date: ASAP    Schedule M-F    Start Time: 5:00AM-3:00PM  
(All are Subject to change)**

**Duration: 125 Days (Subject to change)**

**Contractor: AAA Landscape**

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

**CLOSING DATE: FRIDAY, NOVEMBER 8, 2024 @ 10:30AM**

**INTERVIEW DATE: TBD**

Interviews will be conducted via GoTo Meeting or Via Telephone



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# FIELD APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied for:		Date of Application:	
How Did You Learn About Us? Please check all that apply:			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Fair (specify) _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Second Chance Program	<input type="checkbox"/> Other
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

Are you are under 18 years of age,

Yes ☐ No ☐

Have you ever been employed with us before? Yes ☐ No ☐ If Yes, give date \_\_\_\_\_

Do you have a valid driver's license? Yes ☐ No ☐

Have you had any moving violations in the past 5 years? Yes ☐ No ☐

On what date would you be available to work? \_\_\_\_\_

Can you travel if a job requires it? Yes ☐ No ☐

Have you been convicted of a Felony within the last 7 years? Yes ☐ No ☐

**Conviction will not necessarily disqualify an applicant from employment.**

If Yes, please explain \_\_\_\_\_

## Additional Questions

Yes ☐ No ☐ Are you able to work in extreme temperatures? (i.e. 115° F heat, 20° F cold)

Yes ☐ No ☐ Are you able to lift 50 lbs or more?

Yes ☐ No ☐ Are you able to bend, twist, and walk rapidly for extended lengths of time?

Yes ☐ No ☐ Do you have work boots? (They do not have to have steel toes)

Yes ☐ No ☐ Are you able to arrive at the designated work site daily and on time?



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## Specialized Skills: Check Skills/Equipment Operated

Production/Mobile/Landscape

- |                                  |                                       |  |   |
|----------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Tool Watch   | <input type="checkbox"/> Walk Behind Mower | <input type="checkbox"/> SAGE 300                   |
| <input type="checkbox"/> Word    | <input type="checkbox"/> Loppers      | <input type="checkbox"/> Riding Mower      | <input type="checkbox"/> Gas Powered String Trimmer |
| <input type="checkbox"/> Excel   | <input type="checkbox"/> Hand Pruners | <input type="checkbox"/> Stick Edgers      | <input type="checkbox"/> Other (list): _____        |

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title		Starting      Final	
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title		Starting      Final	
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
Job Title		Starting      Final	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.



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## APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date



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## CONSENT TO PROCUREMENT OF BACKGROUND CHECK

I understand that, as a condition of my consideration for employment with AAA Landscape, or as a condition of my continued employment with AAA Landscape, AAA Landscape may obtain a consumer report or a perform a background check that includes, but is not limited to, Level 1 Fingerprint Clearance, Central Registry, driving record, educational inquiries and verification of previous employment. I understand that these reports may be obtained directly by AAA Landscape or through a vendor or an outside firm or firms who assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed. Furthermore, active employees who withhold permission are subject to disciplinary action up to and including termination of employment.

I hereby authorize and consent to AAA Landscape's procurement of such a report. I understand that, pursuant to the federal FCRA, AAA Landscape will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with AAA Landscape Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

---

Signature of Applicant or Employee

---

Date

---

Printed Name of Applicant or Employee



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## VOLUNTARY SELF-IDENTIFICATION FORM

AAA Landscape is an equal opportunity employer and is committed to all applicable State and Federal laws related to employment practices. So that we may comply with Federal government recordkeeping, reporting and other legal requirements please fill out the voluntary form below. Your form will be separated from your application and will not be considered in connection with your application.

Qualified applicants are sought for and employees are treated during employment without regard to race, color, religion, gender, national origin, age, veteran status, or the presence of a non-job related medical condition or disability. This information will be kept confidential and refusal will not subject the applicant or employee to any adverse treatment.

**Date:** \_\_\_\_\_ **Position (s) Applied For:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First M.I.

**If you do not wish to furnish this information, please place an (X) in the following:**

☐ I do not wish to voluntarily self-identify.

Check the following where applicable:

**Gender:** ☐ Male ☐ Female

**Race/Ethnic Group (Select one):**

☐ **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian/Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one not including Hispanic or Latino.