



**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) HVAC Installer

\$16.20/ HR

(See attachment)

Drugs Screen is required

Company: Excellence, LLC. dba Air Excellence

Start Date: TBA

Project Name: TOKA 1042-NC-23

Duration of Job: 7 months

Job Site Location: San Xavier, AZ

Closing Date: Tuesday November 19, 2024 at 12:00 pm

Interview date and time: Wednesday November 20, 2024 at 10 am

Interview will be conducted virtually.

AIRExcellence

Heating & Cooling

(520) 318-1687

Licensed, Bonded & Insured Contractors

ROC# 259933 K39

www.airexcellenceaz.com

HVAC Installer job description:

5 years of experience & has own transportation. Tool Requirements: Left and Right snips, hand break, hammer, tape measure, flex duct knife, wire cutters, Panduit gun, reciprocating saw, cordless drill.

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Your comfort is our business

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CONSENT FOR BACKGROUND SCREENING

Print Name: _____ Date: _____

Former Name(s) and Dates Used: _____

Current Address: _____

Previous Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Air Excellence Heating & Cooling and its designated agents and representatives to conduct a comprehensive review of my background. I understand that the scope of the consumer investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, any other public records.

By law we have to verify you may be employed in the US through AZ Verification new hire (State of Arizona) and E-Verify Department of Homeland Security with information provided by you on your I9.

I hereby release, Air Excellence Heating & Cooling, the Social Security Administration, and its agents, officials, representative or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____



DRUG/ALCOHOL TEST AUTHORIZATION & CONSENT FORM

I hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine, blood, or breath by a collection site and laboratory to be designated by **Excellence LLC** (Hereinafter referred to as "the Company") or its designated agent acting as an employment screening services for the purpose of drug and/or alcohol testing.

I authorize the collection site, laboratory, and medical review officer (MRO) to disclose the results of my drug tests to the Company.

I acknowledge that the Company will utilize the drug test results to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine, blood, or breath by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug/alcohol test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Company and its designated agent authorized to provide the screening and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug/alcohol screen to the Company, or its agents for a period not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Employee Printed Name: _____

Date: _____

Employee Signature: _____

Supervisor Signature: _____

Date: _____