

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 Job Opportunities

1-General Laborer- \$17.00 Rate

See Attached Job Description

Schedule M-T Start Time: 7:00AM-3:30PM Start Date: 03/03/2025

(All are Subject to change)

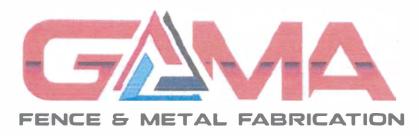
Duration: 4 Days (Subject to change)

Contractor: Gama Fence & Metal Fabrication, LLC

Project Location: Tohono O'odham High School

CLOSING DATE: MONDAY FEBRUARY 24, 2025 at 3:00PM

INTERVIEW DATE: TBA



2691 W. Violet Avenue, Tucson, AZ 85705 Phone 520.808.9151 EMAIL: admin@gamafence.com ROC#316344

GENERAL LABORER JOB DESCRIPTION

JOB OVERVIEW:

Job Title:

General Laborer

Job Location: Sells, AZ

Reports To:

Gamaliel Rabago, Project Manager

Job Type:

Duration of Project

JOB DESCRIPTION:

Assist fencing installation crew

RESPONSIBILITES AND DUTIES:

Clean up construction site of debris Loading and unloading of materials Assist in erecting of fence and gates Follow instructions from supervisor

QUALIFICATIONS:

High School Diploma Lifting duties involved weights of more than 50 lbs.



EMPLOYMENT APPLICATION

Please complete the entire application.

 Employer Info 	ormation
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Employer: Gama Fence & Metal Fabrication LLC

Address: PO Box 91050

City/State/ZIP: Tucson, Arizona 85752

Telephone: (520) 451-3021

Applicant Information

It is the policy of Gama Fence & Metal Fabrication LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Full Name: Home Address: City/State/ZIP: Number of years at this address: Evening phone: City/State/ZIP: Mobile phone: Social Security Number: Driver's License (State/Number): 3. **Emergency Contact** Who should be contacted if you are involved in an emergency? Contact Name: Relationship to you: Address: City/State/ZIP: Daytime phone: Evening phone: 4.Job Position Applied For: Full or Part Time? 5.Salary Desired: \$ per

	How will you get to work?					
3,	Are you willing to work any shift, including nights and weekends?Yes Yes					
).	If applicable, are you available to work overtime? Yes No					
0.	If you are offered employment, when would you be available to begin w	rork?				
1.	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No					
2.	Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No					
	What reasonable accommodation, if any, would you request?					
	T-MICE CONTRACTOR OF THE CONTR					
3. Chec	Applicant's Skills k those skills that you have. List any other skills that may be useful for the	iob vou are				
Chec eeki our	k those skills that you have. List any other skills that may be useful for the ing. Enter the number of years of experience, and circle the number which cability for each particular skill. (One represents poor ability, while five representational ability.)	corresponds to				
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Skill	k those skills that you have. List any other skills that may be useful for the ing. Enter the number of years of experience, and circle the number which cability for each particular skill. (One represents poor ability, while five representational ability.) Ability Years of Experience Rating Chainlink	or				
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14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Supervisor Name:				
Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment (N	1onth/Year):			
Employer Name:				
Supervisor Name:				
Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment (N	Ionth/Year):			
Employer Name:				
Supervisor Name:				
Address:				-
City/State/ZIP:				
Inh Dutings				-
Reason for Leaving:				
Dates of Employment (N	Aonth/Vearly			-
Dates of Employment (N	ioniii i cai j.			
15. Applicant's Educ	ation and Training	3		
College/University Nam	e and Address			
	o and manifest			
Did you receive a degree	?Yes	_ No	If yes, degree(s) receive	ed:
High School/GED Name	and Address			
Did you receive a degree	?Yes		No	
	e, technical, vocati			

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Gama Fence & Metal Fabrication LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Gama Fence & Metal Fabrication LLC, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE

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