



**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 NATION TERO CLIENTS

Positions Available

1-3 Journeyman Lineman w/CDL-\$56.69/HR

4 years' experience in power line experience, installation and maintenance of electrical transmission/distribution equipment, minimum 700 hours of electric pole replacement, CDL is required to operate trucks with lift bucket and relocation equipment within the project various areas

Estimated 2 project/positions, Davis Bacon Wage Determination Scale, all positions require reliable transportation to the jobsite, pre-employment drug screening and PPE

Company: Sturgeon Electric

Project Title/Location:

TEP Mission Road 46K Pole Replacement Project/San Xavier District

CLOSING DATE: Wednesday February 12, 2025 at 830AM

INTERVIEW DATE: TBD via GoTo (virtual)

APPLICATION FOR EMPLOYMENT

SOCIAL SECURITY #: _____ - _____ - _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL _____ SUFFIX: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CELL: _____

BIRTHDATE: _____ GENDER: Other

EMAIL: _____

VOLUNTARY INFO -EEOC
PLEASE CHOOSE ONE

NA

CLASSIFICATION
PLEASE CHOOSE ONE

NA

TESTING

HAVE YOU EVER COMPLETED AN OUTSIDE LINE APPRENTICESHIP?
Y___ N___ WHERE _____

HAVE YOU EVER TAKEN THE OUTSIDE LINE JL TEST? Y___ N___
WHAT LOCAL? _____

DATE: _____

TIME: _____

JOB SKILLS & QUALIFICATIONS
YOU MUST BE ABLE TO PROVE EXPERIENCE UPON REQUEST

___ COM. DRIVERS LICENSE CLASS-A

___ CPR

___ FIRST AID

___ OSHA 10 ET&D

___ HEAVY CRANE- CERTIFICATION

___ IMSA LEVEL I


___ IMSA LEVEL II

___ MSHA

___ LINE SCHOOL GRADUATE

___ TANKER ENDORSEMENT

IBEW CLASSIFICATION
YELLOW TICKET



SUBSTATION TECH (WIREMAN)

IBEW HOME LOCAL _____

CARD # _____

REGISTERED IN ERTS - Y___ N___
(Reciprocal Transfer System)

IF NO, WHO IS YOUR PENSION WITH?

EMPLOYMENT INFORMATION FOR THE LAST 5 YEARS

	NAME OF COMPANY	START DATE	END DATE	TYPE OF WORK	REASON FOR LEAVING
1					
2					
3					
4					
5					

BY SIGNING THIS APPLICATION, I AFFIRM THAT ALL STATEMENTS MADE BY ME HEREIN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY FALSE STATEMENT WOULD BE CAUSE FOR REJECTION OF APPLICATION, REMOVAL OF NAME FROM REFERRAL LIST; AND/OR DISCHARGE FROM JOB.

SIGNATURE