

#### 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**

### 10-Certified Flaggers \$14.54/HR

- Have transportation to and from jobsite
  - Experience in highway traffic control
- Have all PPE, including hard hat, gloves, eye protection, etc.
- Be able to take direction and follow instructions from project supervisors and foreman
  - General clean up as needed, onsite periodically as needed

<u>Pre-employment drug test is required</u>, must have transportation to jobsite, timeframe for project/position is 4+ months, hours will vary, and work schedule will be based on scheduling, Davis Bacon Wage Determination Scale

Company: Quail Construction, LLC

**Project Title/Location:** 

I-19 (San Xavier Community/District boundaries)

**CLOSING DATE: June 26, 2025 at 12:00PM** 

**INTERVIEW DATE: TBD via GoTo (virtual)** 



# **Employment Application**

PLEASE COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

Equal Employment Opportunity Employer

|   |                      |      |                        | APP                     | ICA  | NT INF | ORMAT        | ION  |              |         |                   |                   |                  |
|---|----------------------|------|------------------------|-------------------------|------|--------|--------------|------|--------------|---------|-------------------|-------------------|------------------|
| FIRST<br>NAME   |                      |      |                        | MIDDLE<br>NAME          |      |        |              |      | LAST<br>NAME |         |                   |                   |                  |
| PHONE   |                      |      | E-MAIL<br>ADDRESS      |                         |      |        | •            |      |              |         |                   |                   |                  |
| DATE OF<br>APPLICA  |                      |      | POSITION 8<br>APPLYING |                         |      | ,      |              |      |              |         | DATE<br>AVAILABLE |                   |                  |
|   |                      |      |                        | C                       | URRE | ENT AC | DRESS        |      |              |         |                   |                   |                  |
| ADDRESS   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| CITY  |                      |      |                        |                         | 9    | STATE  |              |      |              | ZIP     |                   |                   |                  |
|   |                      |      |                        | LIC                     | FNSE | E INFO | RMATIC       | N    |              |         |                   |                   |                  |
| No person who operates a commercial motor vehicle shall at any time have more than one (1) driver's license (49 CFR 383.21). I certify that I do not have more than one (1) motor vehicle license, the information for which is listed below. Include all licenses held for the past three (3) years; attach additional sheets if needed. |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| STATE   | LICENSE#             |      |                        | TYPE/C                  | LASS |        | ENDORSEMENTS |      |              | NTS     |                   |                   | XPIRATION<br>ATE |
|   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| PREVOIUSLY HE   |                      |      |                        |                         |      |        | D LICENS     | ES   |              |         |                   |                   |                  |
|   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
|   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
|   |                      |      |                        |                         |      |        |              | ļ.   |              |         |                   |                   |                  |
|   |                      |      |                        | DR                      | IVIN | G EXPE | RIENC        |      |              |         |                   | APPR              | ROXIMATE#        |
| CLASS OF<br>EQUIPMENT   |                      | TYPE | ENT (VAN, T            | (VAN, TANK, FLAT, ETC.) |      |        |              | DATE | FROM         | DATE TO | 0                 | F MILES<br>TOTAL) |                  |
| STRAIGH<br>TRUCK  | НT                   |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| TRACTO<br>SEMI-TR   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| TRACTO<br>TRAILER   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| TRACTOR & TANKER  |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| OTHER   |                      |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |
| lave you ever been denied a license, permit, or privilege to operate a motor vehicle?  yes, please explain:   |                      |      |                        |                         |      |        |              |      | ☐ YES ☐ NO   |         |                   |                   |                  |
|   | yes, piedse expidiri |      |                        |                         |      |        |              |      |              |         |                   |                   |                  |

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|                          |  | OYMENT HISTORY     |           |             |         |
|--------------------------|--|--------------------|-----------|-------------|---------|
| CURRENT (MOST REC        | ENT) EMPLOYER                                |                    | PHONE     |             |         |
| NAME                     |  |                    | PHONE     |             |         |
| COMPLETE<br>ADDRESS      |  |                    |           |             |         |
| POSITION<br>HELD         |  | FROM<br>MO/YR      | T M       | O<br>O/YR   |         |
| REASON FOR<br>LEAVING    |  | •                  |           |             |         |
| SECOND (MOST RECE        | NT) EMPLOYER                                 |                    |           |             |         |
| COMPANY<br>NAME          |  |                    | PHONE     | Ĭ           |         |
| COMPLETE<br>ADDRESS      |  |                    | •         |             |         |
| POSITION<br>HELD         |  | FROM<br>MO/YR      | T M       | O<br>O/YR   |         |
| REASON FOR<br>LEAVING    |  | ·                  |           |             |         |
| THIRD (MOST RECENT       | ) EMPLOYER                                   |                    |           |             |         |
| COMPANY<br>NAME          |  |                    | PHONE     | E           |         |
| COMPLETE<br>ADDRESS      |  |                    |           |             |         |
| POSITION<br>HELD         |  | FROM<br>MO/YR      | T M       | O<br>O/YR   |         |
| REASON FOR<br>LEAVING    |  |                    |           |             |         |
|                          |  | EDUCATION          |           |             |         |
| SCHOOL                   | NAME & LOCATION                              | COURSE OF<br>STUDY | YEARS GR. | ADUATE<br>N | DETAILS |
| High School              |  |                    |           |             |         |
| College                  |  |                    |           |             |         |
| Other                    |  |                    |           |             |         |
| <b>'</b>                 | ATHE!  | R QUALIFICATIONS   |           |             |         |
| Please list any other qu | alification you have and which you believe s |                    |           |             |         |

☐ YES ☐ NO

Has any license, permit, or privilege ever been suspended or revoked?

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