

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

5-Journeyman Carpenter Framers \$24.45/HR

4 years' minimum experience in commercial or residential framing, this includes metal and wood framing, estimated 1-2 month position, must have transportation to jobsite, general tools for position, hours will vary based on scheduling, Davis Bacon Wage Determination Scale

Company: Maxima Construction

Project Title/Location:

TOKA 1040-CH-23 Project Children's Home Project, North Santa Rosa, Gu Achi District

CLOSING DATE: August 27, 2025 at 10:00AM

INTERVIEW DATE: TBD via GoTo (virtual)

MAXIMA CONSTRUCTION

Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

"Employer"				Pos	ition apply	ing for						
PERSONAL DATA												
Name (last, first, middle)												
Street Address and/or Mailing Address			City					State Zip				
Home Telephone Number			Business Telephone	Numbe	er		Cellular Te	elephon	e Number	_		
Date you can start work			Salary Desired				Do you hav	Oo you have a High School Diploma or GED? Yes □ No □			D?	
POSITION INFOR	MATION	N Check all that	you are willing to work	Swing								
Hours: Full Time Part Time		Days Eveni	ngs 🗆		Gravey	yard ends	Status: Regular					
Are you authorized to work	k in the U.S.	on an unrestricted	basis?	•			Yes □ No □ ment.) Yes □ No □					
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No If yes, explain:												
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No												
Can you perform these essential functions of the job with or without reasonable accommodation? Yes \Boxed{\Boxes} No \Boxed{\Boxes}												
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.												
		School Na	School Name Degree Address/City/State				tate					
School												
School												
Other												
SPECIAL SKILLS	List any spe	ecial skills or experi	ence that you feel woul	d help	you in the po	sition that	t you are appl	ying fo	r (leadership,	organizatior	ns/teams, etc.	
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.												
Name	Name			Address/City/State				Ph	ione	Ro	elationship	

WORK HISTORY Start with your present or most recent en	mployment and work b	pack. Use separate sheet if necessar	ry. (INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes	No N/A				
Job Title #2	Start Date (mo	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			1			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	'					
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo.	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	I					
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for imployed, false statements, omissions or misrepresentations net forth in this application and release the Employer from any I acknowledge and understand that the company is a imployee) may resign at any time, just as the employer may ten without notice to the other party.	nay result in my dis y liability. The emp an "at will" employe	missal. I authorize the Employe loyer may contact any listed re er. Therefore, any employee (re	er to make an investigation of any of the facts ferences on this application. egular, temporary, or other type of category			
Applicant Signature		Date				