

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

1-2-Fence Installers/General Laborers \$19.34/HR

Must have 2-3 years' experience in fence installation, including chain link, gate install, digging holes, assist in prep and clean up, a pre-employment drug test is required, estimated position is 3 months depending on scheduling

Company: GAMA Fence & Metal Fabrication, LLC

Project Title/Location:

TOKA 6048-RF-25/Sells Community/District

CLOSING DATE: October 21, 2025 at 11:45AM

INTERVIEW DATE: TBD via GoTo (virtual)



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:

Phillip Rodriguez, 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.

Licensed Bonded Insured



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information
Employer: Gama Fence & Metal Fabrication LLC Address: PO Box 91050 City/State/ZIP: Tucson, Arizona 85752 Telephone: (520) 451-3021
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.
2. Applicant Information
Applicant Full Name: Home Address: City/State/ZIP: Number of years at this address: Daytime phone: 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:
Daytime phone: Evening phone:
4.Job Position Applied For:
Full or Part Time?

\$_____per____

5.Salary Desired:

6.Are	you at least 18 years old? Yes No	
7.	How will you get to work?	
8.	Are you willing to work any shift, including nights and weekends?Yes If no, please state any limitations:	No
9.	If applicable, are you available to work overtime? Yes No	
10.	If you are offered employment, when would you be available to begin work?	
11,	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No	
12.	Are you able to perform the essential functions of the job position you seek wor without reasonable accommodation? Yes No	ith
	What reasonable accommodation, if any, would you request?	
13.	Applicant's Skills	
seekin your a	those skills that you have, List any other skills that may be useful for the job yag. Enter the number of years of experience, and circle the number which correstability for each particular skill. (One represents poor ability, while five representional ability.)	ponds to
	Ability	Or
[] []	Years of Experience Rating Chainlink	or 1234
[]	Time Management	
	Heavy Equipment	
L.	JWelding 12345 12345 12345	

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.

imployer Name:
Supervisor Name:
Address:
City/State/ZIP:
ob Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
ob Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP;
Job Duties;
Reason for Leaving:
Dates of Employment (Month/Year):
15. Applicant's Education and Training
College/University Name and Address
Did you receive a degree?YesNo If yes, degree(s) received:
High School/GED Name and Address
Did you receive a degree? YesNo
Other Training (graduate, technical, vocational):
Did you receive a degree?YesNo

16.	References
List a	ny two non-relatives who would be willing to provide a reference for you.
Name	21
Addr	ess:
City/	State/ZIP:
Tele	phone:
Relat	ionship:
Nam	e:
Addı	ess:
City/	State/ZIP:
Tele	ohone:
Rela	ionship:
17.	Please provide any other information that you believe should be considered, including her you are bound by any agreement with any current employer:

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