

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 Asphalt Laborers/Rakers-\$20.21/HR

Must have a minimum of 1-2 years' experience in asphalt raking and/or general laborer duties that include working with asphalt

1-3 Equipment Operators-\$25.63-\$29.90/HR

Must have a minimum of 3-4 years' experience in operating varies asphalt equipment that includes roller, chip seal machine, skip loader, paver, and/or bobcat. Hourly rate is based on type of equipment operating

Position is estimated 8-10 days. Must have transportation to jobsite, general tools for position, TON Prevailing Wage Determination Scale

Company: S&S Paving and Construction, Inc.

Project Title/Location:

TON Judicial Water Drainage Project, Sells Community/District

CLOSING DATE: Thursday December 11, 2025 at 1130AM

INTERVIEW DATE: TBD via GoTo (virtual)

S&S Paving and Construction, Inc. Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information			DATE				
NAME (LAST NAME FIRST)				SOCIAL SECURITY NO.			
PRESENT ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.		
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	SECONDARY PHONE NO.		
EMAIL ADDRESS			REFERRE	REFERRED BY			
imployment Desired				ny aran'ny ara			
POSITION				DATE YOU C	AN START		
ARE YOU EMPLOYED NOW?	YES NO	IF SO, MAY WE IN	IQUIRE OF YOUR PR	ESENT EMPLOYER	? YES NO		
EVER APPLIED TO THIS COMPANY BEFORE? YES		WHEN					
ducation History							
	NAME & LOCATION	OF SCHOOL	DID YOU GRADUATE		SUBJECTS STUDIED		
HIGH SCHOOL			1				
COLLEGE							
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		North Challand Control					
General Information							
SUBJECT OF SPECIAL STUDY/RESEARCH WORK							
SPECIAL TRAINING							
SPECIAL SKILLS							
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NAVAL SERVICE							
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NAME		PERSONS NOT RELATED TO YOU, WHOM YOU ADDRESS	BUSINESS	YEARS KNOWN
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certify that the facts contail	ned in this applica	tion are true and complete to the best of grounds for dismissal.	f my knowledge and understand t	hat, if employed
rmation concerning my pre	evious employmen	tained herein and the references and ent and any pertinent information they realy result from utilization of such information.	hay have, personal or otherwise,	u any and all ir and release th
also understand and agree pecified period of time, or to presentative.	that no representa make any agreer	ative of the company has any authority t ment contrary to the foregoing, unless it	o enter into any agreement for em is in writing and signed by an auth	ployment for an horized compan
his waiver does not permit isabilities Act (ADA) and of	the release or use ther relevant feder	e of disability-related or medical informatal and state laws.	tion in a manner prohibited by the	e Americans wit
equired, I understand that,	in compliance with a separate writter	r criminal records check may be neces in federal law, the company will provide in authorization from me to consent to tall the ultrality all the indisqualification from employment."	me with a written notice regarding	the use of thes
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This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

GENERAL MANAGER

DEPARTMENT HEAD

APPROVED:

EMPLOYMENT MANAGER



Appendix A

Equipment Operator Resume

Operated Equipment Type	Years of Experience	Company or Organization, Location
	<u></u>	
Date Hire		
I have the following experienc	e with the above-designat	ed equipment:
I hereby attest that all the infor knowledge. I understand that t may adversely affect my stand	his information is subject	is truthful and accurate to the best of my to verification and that any falsification ployee candidate.
Signature		Date
~-0		
Print Name		