



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- Concrete Deck Resurfacing Laborer \$17.50 HR/PT

Position Summary

The Concrete Deck Resurfacing Laborer is responsible for assisting with the preparation, repair, and resurfacing of concrete pool decks and surrounding areas. This role supports the crew in completing projects safely, efficiently, and according to company quality standards.

Key Responsibilities

- Perform demolition, grinding, cleaning, and surface preparation for concrete deck resurfacing.
- Mix, apply, and finish resurfacing materials such as texture coatings, overlays, and sealants.
- Assist with setting up and breaking down jobsite equipment, tools, and safety barriers.
- Maintain a clean and organized work area throughout the project.
- Follow instructions from the foreman and work cooperatively with the crew.
- Ensure all work meets company quality standards and safety requirements.
- Load and unload materials, tools, and equipment as needed.

Perform other labor-related duties as assigned

Estimated 1 -2-month project/position must have transportation to jobsite, hours will vary, and work schedule will be based on scheduling. Tohono O'odham Nation Prevailing Wage Scale

START DATE: ASAP

Drug Test Required

Company: Pima Pool Plastering

Project Title/Location: -

Compliance Plan - Sells Recreation Center-Tohono O'odham Nation -Pool Renovation

CLOSING DATE: April 06,2026 @9:40am

INTERVIEW DATE: TBD via GoTo (virtual)

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Are you able to lift up to 100 lb. consistently?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-Time Part-time If part-time, hours per week desired: _____

Hours Available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends

Holidays

Nights

Overtime

Have you previously worked for Pima Pool Plastering? Yes No

Dates of employment with Pima Pool Plastering: From: _____ To: _____

Reason(s) for leaving: _____

Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description Of Duties			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description Of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three people who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Pima Pool Plastering

Date: _____

Pima Pool Plastering

2665 E. Ginter Road

Tucson, Arizona 85706

Dear Employee/Applicant

The Fair Credit Reporting Act and the Drivers Privacy Protection Act require releases and disclosures if Motor Vehicle Reports are used for employment purposes. Such Motor Vehicle Reports may be obtained as a part of Pima Pool Plastering process regarding my job application/employment. The report may be procured by Acuity and will include my driving record and an assessment of my insurability under Pima Pool Plastering Insurance coverage. By signing this disclosure, I hereby authorize Pima Pool Plastering to procure such reports at the time of my application and from time to time, as it deems appropriate, to evaluate my insurability.

NAME ON DRIVER LICENSE: _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

SIGNATURE OF JOB APPLICANT/EMPLOYEE: _____