



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 TERO Clients

Job Opportunity

2-Laser Guide Equipment Operator \$28.90

We are seeking an experienced operator with advanced laser-guided grading and utility installation experience. This is a high-precision position requiring the ability to work independently and maintain tight tolerances.

Requirements:

Minimum 5+ years' experience operating equipment with laser guidance systems
Proven experience in underground utilities and/or fine grading
Ability to set up, calibrate, and troubleshoot lasers without assistance
Must be able to hold tight grade tolerances (± 0.01 ft)
Strong ability to read plans and grade stakes

Additional Expectations:

Experience with excavators, dozers, and/or graders using laser control
Ability to work without constant supervision
Applicants will be skill tested and references verified
Not an entry-level position. Qualified applicants only.

Start Date: ASAP Schedule: Monday-Thursday Start Time: 6AM-4PM
(All are Subject to change)

Duration: 4 Months (Subject to change)

Contractor: Central Arizona Civil Construction Company

Project Location: Chui Chu, Arizona

CLOSING DATE: MONDAY, MAY 18, 2026 @ 10:30AM

INTERVIEW DATE: TBD

Interviews will be conducted via GoTo Meeting or Via Telephone



CENTRAL ARIZONA CIVIL CONSTRUCTION COMPANY

PO BOX 1224

QUEEN CREEK, AZ 85142

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 must be answered.

POSITION APPLYING FOR

LABORER	<input type="checkbox"/>	LOADER-OPERATOR	<input type="checkbox"/>	N/A AT THIS TIME
PIPE LAYER	<input type="checkbox"/>	WATER TRUCK DRIVER	<input type="checkbox"/>	N/A AT THIS TIME
OPERATOR	<input type="checkbox"/>	FORMAN	<input type="checkbox"/>	N/A AT THIS TIME
PIPE FUSION TECH	<input type="checkbox"/> N/A AT THIS TIME	OTHER	<input type="checkbox"/>	N/A AT THIS TIME

PERSONAL DATA

NAME, (LAST,FIRST,MIDDLE)

STREET ADDRESS AND/OR MAILING ADDRESS CITY STATE ZIP

CELLULAR NUMBER HOME NUMBER

ARE YOU AUTHORIZED TO SORK IN THE U.S. ON AN UNRESTRICTED BASIS? 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 NO

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 NAME	DEGREE	ADDRESS/CITY/STATE
SCHOOL			
SCHOOL			
OTHER			

SPECIAL SKILLS LIST ANY SPECIAL SKILLS OR EXPERIENCE THAT YOU FEEL WOULD HELP YOU IN THE POSITION YOU ARE APPLYING FOR(LEADERSHIP,ORGANIZATIONS/TEAMS ECT.

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	ADDRESS/CITY/STATE	PHONE	RELATIONSHIP

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

JOB TITLE #1	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)
COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER
CITY	STATE	ZIP
DUTIES:		
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
JOB TITLE #2	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)
COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER
CITY	STATE	ZIP
DUTIES:		
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
JOB TITLE #3	START DATE (MO/DAY/YR)	END DATE (MO/DAY/YR)
COMPANY NAME	SUPERVISOR'S NAME	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 NAME	PHONE NUMBER
CITY	STATE	ZIP
DUTIES:		
REASON FOR LEAVING	STARTING SALARY	ENDING SALARY

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

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APPLICANT SIGNATURE

DATE