



**TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**
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ATTENTION TOHONO O'ODHAM NATION TERO CLIENTS

Positions Available

3- Roofers \$15.15 - \$18.75 HR/PT

Pay depending on experience

Applicants must have experience tearing off and installing shingle roof systems, experience with sealing pipes and penetrations, must have experience with roof elastomeric coatings, experience installing modified bitumen systems, proper installations, experience maintaining built up roof systems.

START DATE: 06/15/2026

Company: Modern Desert Roofing, LLC

Project Title/Location: Roofing Repairs

San Xavier District /Tohono O'odham Nation

3-week Project/Position

CLOSING DATE: Friday June 05,2026 at 4:40pm

INTERVIEW DATE: TBD via GoTo (virtual)

By signing below, I, _____, acknowledge that if Client submits an application and working hours for me and my application is accepted by FrankCrum*, I will become a FrankCrum covered employee assigned to Client as of the first day for which Client reports payroll and hours worked. My receipt of wages from FrankCrum for hours worked as a covered employee for Client will confirm my agreement to be a FrankCrum covered employee and that FrankCrum may provide any notice to me, including but not limited to, notice required by federal, state, or local law, by providing such notice to me on a statement of earnings or via electronic means (such as e-mail or posting the notice on a website). I understand that (1) FrankCrum is a licensed professional employer organization and has a contract with Client to process Client's payroll and provide other administrative services, (2) unless otherwise advised by FrankCrum, while I am a FrankCrum covered employee, I will be covered by workers' compensation insurance provided through FrankCrum for pay periods in which Client submits my working hours and pays FrankCrum, (3) if I am removed from Client's or FrankCrum's payroll at any time, I will no longer be covered by workers' compensation insurance provided through FrankCrum, (4) I am an at-will employee and I agree that Client, FrankCrum, or I can terminate our employment relationship at any time and that the terms and conditions of my employment may be changed without cause and without notice at any time, and that no one other than the President of FrankCrum has the authority to enter into any agreement to the contrary, (5) I agree that I will cooperate with FrankCrum and its legal representatives in the defense of any workers' compensation claim I may sustain, and (6) I agree that all the information on this application is true and complete and any false information, omission, or misrepresentation of facts in this application may result in the denial of my application or termination. By signing below, I acknowledge receipt of the following notices: South Carolina Notice: FrankCrum operates under and is subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify immediately FrankCrum by mail at 100 South Missouri Ave., Clearwater, FL 33756 or by phone at 1-800-393-0815; or the Client by mail at the Client's home office or phone at Client's home office telephone number. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to me or my beneficiaries and may result in failure to receive any compensation benefits. Professional employer organizations are regulated by the South Carolina Department of Consumer Affairs (SCDCA). Any questions or concerns unresolved by FrankCrum or Client may be addressed to the SCDCA by (1) Phone: (803) 734-4200, (2) Mail: P.O. Box 5757, Columbia, S.C. 29250-5757, or (3) Website: www.consumer.sc.gov. Texas Notice: Pursuant to §91.032(c) of the Texas Labor Code, Client is solely obligated to pay any wages for which (1) the obligation to pay is created by an agreement, contract, plan, or policy between me and Client, and (2) FrankCrum has not contracted to pay. I may address all unresolved complaints concerning FrankCrum or questions concerning the regulation of staff leasing services to the Texas Department of Licensing & Regulation by phone at 1-800-803-9202 or mail at P.O. Box 12157, Austin, Texas 78711. Virginia Notice: *Filing For Workers' Compensation Benefits:* If I suffer a workplace injury or an occupational disease, I can file a claim for workers' compensation benefits with the Virginia Workers Compensation Commission by (1) Phone: 1-877 664-2566 or (2) Website: www.vwc.state.va.us. *Filing For Unemployment Benefits:* If I am terminated, I can apply for unemployment benefits with the Virginia Employment Commission by (1) Phone 1-866-832-2363 or (2) Website: www.vaemploy.com. **Attention California employees or residents, by signing below, you acknowledge you have received this Privacy Notice (<https://www.frankcrum.com/privacy-notice-ca-residents>).** By signing below, I consent to receipt of any and all communications except Form W-2 from FrankCrum via electronic means, such as e-mail or posting on the online portal, MyFrankCrum. I acknowledge and agree this consent shall remain in place until such time it is revoked by me in writing to FrankCrum at Privacy@frankcrum.com or 100 S. Missouri Ave, Clearwater, FL 33756, Attention: Privacy Team.

CONSENT TO RECEIVE W-2 FORMS ELECTRONICALLY

By selecting "Yes" below, I agree to receive all W-2 forms due to me from FrankCrum in electronic form via email, posting on a website, or another legally permitted method pursuant to the following terms. W-2s that are due to me from FrankCrum will be provided in electronic form via email, posting on a website designated by FrankCrum, or another legally permitted method. All electronically provided W-2s will be maintained on a website for at least three (3) tax years per IRS instructions. If I do not agree to receive W-2s in electronic form, FrankCrum will furnish me with paper copies of W-2s due to me from them. If I request a paper copy of my W-2 in addition to an electronic copy, such request will not be considered a withdrawal of my consent to receive my W-2 electronically. I can request an additional paper copy of my W-2 by sending a request via the W-2 link on the designated website. My consent to receive W-2s electronically will only be considered withdrawn if I follow the instructions provided to me by FrankCrum on the designated website, or if I send a written statement to FrankCrum's W-2 Department at 100 South Missouri Avenue, Clearwater, Florida 33756, phone number (727) 726-2786 stating that I no longer wish to receive W-2s electronically. If at any time I withdraw my consent to receive W-2s electronically, FrankCrum will confirm in writing via the e-mail address it has on file for me on the date of my withdrawal. Such a withdrawal will not apply to any W-2 that FrankCrum has previously furnished me electronically. If my employment with my employer ceases or if my employer's relationship with FrankCrum ends, FrankCrum will only need to furnish me with W-2s, whether paper or electronic, for wages I earned while a FrankCrum covered employee. If my email address, home address, and/or telephone number changes, it will be my responsibility to provide updated contact information to FrankCrum via its W-2 Department. If FrankCrum's contact information changes, I will be informed via the e-mail address FrankCrum has on file for me. In order to print and retain the electronic copy of my W-2s, I will need access to the Internet, an Internet Browser, software capable of reading and printing electronic data files, and a printer. I may be required to print out a paper copy of the electronic W-2 to attach to my Federal, State, and/or local income tax return.

- Yes** I consent to receive all W-2 forms due to me from FrankCrum electronically via email, posting on a website, or another legally permitted method.
- No.** I do not consent to receive my W-2 forms electronically and wish to receive only paper copies of W-2 forms due to me from FrankCrum.

Employee Signature

Print Name

E-Mail Address (Print)

Date

CLIENT FILL IN BLANKS BELOW

Current Worker's Comp Code	State	Dept. No (if applicable)	Pay Rate	Pay Type	Pay Frequency	FLSA Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Non Exempt
				<input type="checkbox"/> Salary	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Exempt
				<input type="checkbox"/> Commission	<input type="checkbox"/> Semi Monthly	
				<input type="checkbox"/> Other:	<input type="checkbox"/> Monthly	
<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time				

Job Description:

Permanent Deductions Currently on File

Amount	Description

Description