



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

Available Positions

2-Universal Heavy Equipment Operators \$25.63/HR

4 years' experience in operating various equipment that includes loader, water (CDL) truck, mini excavator, skip loader, scraper

2-Pipelayer General Laborers \$19.34/HR

2-3 years' experience in pipelaying general laborer duties that include underground utilities, grade checking, assisting pipelayers, general clean up

*TON Prevailing Wage Determination Scale

*Estimated 1-2 months position(s)

*Hours and schedule will vary

Company: T&K Contracting, LLC

Project Title-Chui Chu Community Building Project

Project Location—Chui Chu Community/Sif Oidak District

CLOSING DATE: Friday June 26, 2026 at 11:30AM

INTERVIEW DATE: TBD

(Interviews will be conducted virtually via Microsoft Teams)



Job Application

50811 W Mayer Blvd.
Maricopa, AZ 85139

Phone 520-568-4916
Fax 520-568-3945

| Personal Information | | | | | | |
|---|--------------------------|------|---------------------------------------|-------|-------------------------|--------|
| Last | First | MI | SSN# | Email | | |
| Street Address | | City | ST | Zip | Home Phone | Mobile |
| Are you entitled to work in the United States? | | | Are you 18 or older? | | If yes, Date of Birth | |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | | | | | If yes, please explain: | |
| Military Service? | Branch | | Are you a veteran? | | War | |
| What position are you applying for? | | | How did you hear about this position? | | | |
| Expected Hourly Rate | Expected Weekly Earnings | | Date Available | | | |

| Prior Work Experience | | | | | | |
|------------------------------|------------------------|----|-------|----|-------|----|
| | Current or Most Recent | | Prior | | Prior | |
| Employer | | | | | | |
| Address | | | | | | |
| City, ST, ZIP | | | | | | |
| Telephone | | | | | | |
| Name of Immediate Supervisor | | | | | | |
| Dates of Employment | From | To | From | To | From | To |
| Position/Job Title | | | | | | |
| Pay | | | | | | |
| Reason for Leaving | | | | | | |
| May We Contact | | | | | | |

| Education | | | | | | | |
|--|---------------|--------------------|----|----|----|--------|-------|
| | Name/Location | Last Year Complete | | | | Degree | Major |
| | | 9 | 10 | 11 | 12 | | |
| High School | | | | | | | |
| College/University | | 1 | 2 | 3 | 4 | | |
| Trade School | | | | | | | |
| Other | | | | | | | |
| List any applicable special skills, training or proficiencies. | | | | | | | |

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date



50811 W. Maver Blvd., Maricopa, AZ 85239 • 520-568-4916 • fax 520-568-3945 • Tom@T&KContracting.com

**T&K Contracting LLC Statement
Drug-Free Workplace**

Pursuant to the Federal Drug-Free Workplace Act, T&K Contracting LLC prohibits the unlawful manufacture, use, possession or distribution of controlled substance by its employees in the workplace. An employee is "in the workplace" when he/she is on T&K Contracting LLC property or doing business for T&K Contracting LLC.

- A. Evidence of being under the influence of controlled substances or on-duty unlawful manufacture, use, possession or distribution of controlled substances by employees will result in disciplinary action up to the including discharge.
- B. Any employee convicted of a violation of a criminal drug statute, where that violation occurs in the workplace, must notify the Human resources depart in writing within five (5) days of such conviction. If the employee is employed on a federal contract or grant, T&K Contracting LLC must notify appropriate federal agencies of the conviction.
- C. Employees found to be manufacturing, in possession of, using, under the influence of, or distributing controlled substance is the workplace may, at T&K Contracting LLC's option, be required to participate in a drug abuse assistance or rehabilitation program.
- D. All employees will certify that they have received a copy of this Drug-Free Workplace Policy and copies of this certification will be placed in the individual personnel files.

Employee Name (print): _____

I certify that I have received copies of the Drug Workplace Policy statement and the Drug and Alcohol Policy. I understand that I must notify T&K Contracting LLC within five (5) days of any conviction for a criminal drug stature where that violation takes place in the work place.

Signature _____

Date _____

Witnessed by:

Signature _____

Date _____



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T&K Contracting LLC

ALCOHOL AND/OR DRUG SCREENING CONSENT FORM

Employee Name: _____ Date: _____
(Print)

MEDICAL CONSENT: I consent to the collection of urine and/or breathe testing as requested by T&K Contracting LLC to determine the presence of drugs and/or alcohol, if any, within my body system(s).

AUTHORIZATION TO RELEASE INFORMATION: I authorize the collection site(s) and/or testing laboratory to release any and all drugs and/or alcohol report information obtained during this testing procedure to T&K Contracting LLC authorized representative(s).

REFUSAL TO SUBMIT OR SIGN: I understand that my alteration of this consent form, or refusal to consent to or cooperate fully with the collection of urine and/or breath samples, or my refusal to submit to testing and authorize release of information to T&K Contracting LLC authorized representative(s) constitutes a failure of the required testing, insubordination and may result in disciplinary action up to and including termination.

POSITIVE TEST RESULTS: I also understand that any positive result for drug and/or alcohol may result in disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Witness: _____
(Print Name)

Witness Signature: _____ Date: _____