



**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](mailto:tero@toua.net)



**Attention Tohono O'odham TERO Clients**

**Available Positions**

**1-General Laborer \$17.46/HR**

1-2 years' experience in stucco/lathering preparation, general clean up, assisting lathers

**4-Stucco Latherers \$20.00/HR**

3-4 years of stucco experience, including residential and commercial stucco experience

\*David Bacon Wage Determination Scale

\*Estimated 2-3 weeks positions

**Company: Old Pueblo Stucco**

**Project Title-Tohono O'odham Community College (Main Campus)**

**Project Location–TOCC Main Campus Location, Schuk Toak District**

**CLOSING DATE: Friday June 05, 2026 at 9:30AM**

**INTERVIEW DATE: TBD**

**(Interviews will be conducted virtually via Microsoft Teams)**



**P.O. BOX 24056**

**TUCSON, AZ., 85734**

**PH: 520-304-7037**

**FAX: 520-741-2832**

**[www.oldpueblostucco.com](http://www.oldpueblostucco.com)**

## **APPLICATION FOR EMPLOYMENT**

Completion of this form in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for any current or future job openings for which you may qualify.

**PLEASE PRINT ALL REQUIRED INFORMATION**

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Last Name

First Name

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Street Address

City

State

Zip Code

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

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1. Have you ever been convicted of a:

\_felony? Yes / No

\_misdemeanor involving moral turpitude? Yes / No

If yes to either question, explain below the nature of the offense, date and location. Convictions are evaluated in relation to the applied for position. Explain:

2. Can you provide verification of your eligibility to work in the U.S.? Yes / No

3. Use the space below to list job related licenses, registrations, certificates, with their numbers and expiration dates. Provide additional comments or information that would be of assistance in considering you for this position.

4. Are you willing to travel if the opportunity arises?

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### EDUCATION AND TRADE TRAINING AND/OR EXPERIENCE

College, Universities, Trade or Business Schools \_\_\_\_\_

City, State (List campus attended) \_\_\_\_\_

Dates Attended (Mo/Yr to Mo/Yr) \_\_\_\_\_

Degree/Diploma/Certifications and dates received \_\_\_\_\_

Major Area of Study \_\_\_\_\_

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### FORMER EMPLOYERS

(List the last three employers that you have worked for, most recent first. Account for all time employed, unemployed and self employment.

EMPLOYER #1

1. Company Name and Phone Number:
2. Starting Position:
3. Address (No., Street, Suite No.)
4. Compensation Per (hr, week, month, year)
5. Supervisor's Name:
6. City, State, Zip Code:
7. Reason for Leaving:
8. Phone Number:
9. Duties:
10. Hours per week:
11. Dates worked:
12. May we contact this employer Yes / No

**EMPLOYER #2**

13. Company Name And Phone Number:
14. Starting Position:
15. Company Address (No., Street, Suite No.)
16. Compensation Per (hr, week, month, year)
17. Supervisor's Name and Phone number:
18. City, State, Zip Code:
19. Reason for Leaving:
20. Phone Number:
21. Duties:
22. Hours per week:
23. Dates worked:
24. May we contact this employer Yes / No

**EMPLOYER #3**

25. Company Name And Phone Number:
26. Starting Position:
27. Address (No., Street, Suite No.)
28. Compensation Per (hr, week, month, year)
29. Supervisor's Name and Phone Number:
30. City, State, Zip Code:
31. Reason for Leaving:
32. Phone Number:
33. Duties:
34. Hours per week:
35. Dates worked:
36. May we contact this employer Yes / No

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**STATEMENT OF CERTIFICATION**

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation or falsification, my resume may be rejected, my name may be removed from further consideration, and I may be disqualified from future examinations and/or terminated from employment. I also authorize the hiring agent to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_