



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

6-Stucco Latherer/Plasterer \$15.00/HR

3-4 years of stucco experience, includes residential/commercial lathering and plastering

*Davis Bacon Wage Determination Scale

*Estimated 1-2 month position(s)

*Hours and schedule will vary

Company: Old Pueblo Stucco

Project Title-Santa Rosa Ranch New School Building Project

Project Location-Santa Rosa Ranch Community/Schuk Toak District

CLOSING DATE: Wednesday July 15, 2026 at 2:00PM

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

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

Last Name		First Name		
Street Address		City	State	Zip Code
Social Security Number _____				
Date of Birth _____				
Contact Phone Number _____				
Cell Phone Number _____				
E-Mail Address _____				
Fax Number _____				

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?

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 _____

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

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 _____