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 NATION TERO CLIENTS

Positions Available

2- Roofer Shingler Installer $19.00 HR/PT

Depending on experience

1- Roofing Laborer $19.00 PT/HR

See attached Job Description

Pre Employment Drug Test Required

START DATE: 1-2 weeks
Company: Lee Hoffman Roofing, Inc
Project Title/Location: TOKA 1048-LT-25 Little Tucson Community Baboquivari District/Tohono O'odham Nation

CLOSING DATE: November 03, 2026, 4pm

INTERVIEW DATE: TBD via (virtual)

Training position / opportunity

Roofing Shingler Trainee Position - Roofing Labourer

Training activities and supervision

-Learn proper roofing safety procedures, including ladder use and fall protection.
-Assist with removal of existing roofing materials and preparation of roof surfaces.
-Learn proper installation of roofing underlayment and asphalt shingles.
-Assist with measuring, cutting, and fastening roofing materials.
-Learn basic installation techniques for flashing, vents, and roofing accessories.
-Assist with handling, loading, and organizing roofing materials.
-Maintain a clean and safe worksite.
-Develop roofing installation skills through hands-on instruction and supervision.

Eligibility / physical requirements

-Physically capable of performing roofing duties, including climbing ladders and lifting roofing materials.
-Follow instructions and comply with jobsite safety requirements.

Roofing Shingler - Employee 1

-Remove existing roofing materials as required.
-Prepare roof surfaces for installation.
-Install roofing underlayment, asphalt shingles, flashing, and related roofing components.
-Measure, cut, and properly secure roofing materials.
-Assist with loading, unloading, and distributing roofing materials.
-Follow instructions from the roofing foreman.
-Maintain safe work practices and keep the jobsite clean.

APPLICATION FOR EMPLOYMENT
SOLICITUD DE EMPLEO

EQUAL OPPORTUNITY EMPLOYER
IGUALDAD DE OPORTUNIDADES EN EL EMPLEO

PERSONAL INFORMATION / INFORMACIÓN PERSONAL

DATE / FECHA _____

NAME (LAST NAME FIRST) / NOMBRE (APPELLIDO PRIMERO)		SOCIAL SECURITY NO. / N° DE SEGURO SOCIAL — —		
PRESENT ADDRESS / DIRECCIÓN ACTUAL	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL	PHONE NO. / TELÉFONO
PERMANENT ADDRESS / DIRECCIÓN PERMANENTE	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL	PHONE NO. / TELÉFONO
EMAIL ADDRESS / CORREO ELECTRONICO	REFERRED BY / RECOMENDADO POR			

EMPLOYMENT DESIRED / EMPLEO DESEADO

POSITION / PUESTO	DATE YOU CAN START FECHA QUE PUEDE EMPEZAR
ARE YOU EMPLOYED NOW? ¿TRABAJA ACTUALMENTE? ☐ YES SÍ ☐ NO	EVER APPLIED TO THIS COMPANY BEFORE? ¿A POSTULADO A ESTA COMPAÑÍA ANTES? ☐ YES SÍ ☐ NO
WHERE? / ¿DÓNDE?	WHEN? / ¿CUÁNDO?

EDUCATION / EDUCACIÓN

NAME & LOCATION OF SCHOOL / NOMBRE Y LUGAR DE LA ESCUELA		DID YOU GRADUATE? SE GRADUÓ?	SUBJECTS STUDIED RAMOS ESTUDIADOS
HIGH SCHOOL ESCUELA SECUNDARIA			
COLLEGE UNIVERSIDAD			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL ESCUELA DE OFICIOS, NEGOCIOS O POR CORRESPONDENCIA			

GENERAL INFORMATION / INFORMACIÓN GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK / ESTUDIO ESPECIAL O TRABAJO DE INVESTIGACIÓN	
SPECIAL TRAINING / CAPACITACIÓN ESPECIAL	
SPECIAL SKILLS / APTITUDES ESPECIALES	
U.S. MILITARY SERVICE / SERVICIO MILITAR (EE.UU.)	RANK / RANGO

FORMER EMPLOYERS / EMPLEADORES ANTERIORES

BEGIN WITH MOST RECENT EMPLOYER / EMPIECE POR EL MÁS RECIENTE

DATE, MONTH AND YEAR FECHA, MES Y AÑO	NAME & ADDRESS OF EMPLOYER NOMBRE Y DIRECCIÓN DEL EMPLEADOR	POSITION PUESTO	REASON FOR LEAVING RAZÓN DE SALIDA
FROM DESDE			
TO HASTA			
FROM DESDE			
TO HASTA			
FROM DESDE			
TO HASTA			
FROM DESDE			
TO HASTA			

CONTINUED ON OTHER SIDE
CONTINÚA EN EL REVERSO

REFERENCES / REFERENCIAS

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.
DÉ EL NOMBRE DE TRES PERSONAS QUE NO SEAN SUS PARIENTES, Y A QUIENES CONOZCA AL MENOS UN AÑO

NAME / NOMBRE	PHONE / TELÉFONO	BUSINESS / PROFESIÓN	YEARS KNOWN AÑOS QUE LO CONOCE

AUTHORIZATION / AUTORIZACIÓN

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

"Certifico que los datos contenidos en esta solicitud son a mi mejor saber y entender verdaderos y completos, y entiendo que si me emplean, las declaraciones falsas contenidas en esta solicitud serán causal de despido.

Autorizo que se indaguen todos los datos, las referencias y los empleadores contenidos en esta solicitud, con el fin de recabar información relativa a mis empleos anteriores, y toda la información pertinente, personal o de cualquier otro tipo, que los mismos pudieran aportar, y libero a la compañía de cualquier responsabilidad por cualquier daño que pudiera resultar por la utilización de dicha información.

También entiendo y acepto que ningún representante de la compañía está facultado para hacer un contrato por algún período determinado, ni para hacer un contrato contrario a lo precedente, a menos que el mismo sea por escrito y firmado por un representante autorizado de la compañía.

Esta denegación no permite la divulgacion ni el uso de información médica o relacionada con discapacidades, tal como lo establece la ADA (Ley de Estadounidenses con Discapacidades) y otras leyes federales y estatales pertinentes."

DATE / FECHA _____ SIGNATURE / FIRMA _____

DO NOT WRITE BELOW THIS LINE
NO ESCRIBA DEBAJO DE ESTA LÍNEA

INTERVIEWED BY _____ DATE _____

REMARKS

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER | DEPARTMENT HEAD | GENERAL MANAGER

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