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

3-Universal Operators $ 22.50 +$7.48 Fringe=$29.98 HR/PT

Must have experience in operating large Excavators, Dozers and Blades and have 2 years' experience preferable and mining background is a plus

Must have a current MSHA, or expired MSHA within the last year of recertification,

MSHA classes are provided if needed through the company

Pre Employment Drug Test Required

START DATE: ASAP
Company: TB Contractors, Inc
Project Title/Location: CTC Well 1 Pipeline Project/Cypress Tohono Mine/Sif Oidak District/Tohono O'odham Nation

CLOSING DATE: November 03,2026 1:30pm

INTERVIEW DATE: TBD via (virtual)

APPLICATION FOR EMPLOYMENT

T B CONTRACTORS, INC./BBK FENCING LLC.

NAME: _____ Date of last MSHA Surface Miner Training: _____

PRESENT ADDRESS: _____ PHONE NO: _____

CITY, STATE, ZIP: _____ MESSAGE NO: _____

POSITION DESIRED: _____ WHEN AVAILABLE: _____

WAGE EXPECTED: _____ DATE APPLIED: _____

WERE YOU PREVIOUSLY EMPLOYED BY TBC?_____ IF YES, WHEN? _____

DO YOU HAVE A JOURNEYMAN'S LICENSE?_____ DETAILS: STATE:_____ YEAR:_____ CRAFT: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF SO, PLEASE EXPLAIN: _____

ARE YOU AWARE OF ALL JOB RELATED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? _____

ARE YOU ABLE TO PERFORM ALL OF THE JOB RELATED FUNCTIONS OF THIS POSITION? _____

LIST LAST SCHOOL ATTENDED:_____ DATE: _____

COURSE OF STUDY: _____ HIGHEST GRADE COMPLETED: _____

CONSTRUCTION EQUIPMENT YOU ARE QUALIFIED TO OPERATE

	TYPE	MODEL/SIZE	YEARS OF EXPERIENCE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

WELDING/CUTTING:

TYPE: STRUCTURAL PIPE PROCESS: STICK MIG TIG OTHER _____
DATE OF YOUR LAST WELDING TEST?_____ CERTIFIED?_____ PROVIDE A COPY OF ANY CERTIFICATION
OXY/ACE?_____ PLASMA ARC?_____ RIGGING? _____

DRIVING:

YEARS OF DRIVING EXPERIENCE_____ DRIVERS LICENSE #_____ STATE OF ISSUE:_____
CLASS_____ EXPIRATION DATE_____ HAVE YOU EVER BEEN CONVICTED OF DWI/DUI?_____

OTHER:

LIST OTHER TRADE SKILLS:_____

LIST FOUR (4) PERSONAL REFERENCES:

NAME	PHONE	OCCUPATION

EMPLOYMENT RECORD

COVER AT LEAST TEN (10) YEARS, IF WORK HISTORY GOES BACK THAT FAR. START WITH PRESENT OR MOST RECENT EMPLOYER AND WORK BACK. USE ADDITIONAL PAGES IF NECESSARY. DO NOT LEAVE ANY PERIODS OF TIME UNACCOUNTED FOR.

EMPLOYER: _____ EMPLOYED FROM: _____ TO _____
ADDRESS: _____
YOUR POSITION: _____ DESCRIBE YOUR DUTIES: _____
_____
STARTING SALARY: _____ FINAL SALARY _____
SUPERVISOR'S NAME _____ REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO _____
ADDRESS: _____
YOUR POSITION: _____ DESCRIBE YOUR DUTIES: _____
_____
STARTING SALARY: _____ FINAL SALARY _____
SUPERVISOR'S NAME _____ REASON FOR LEAVING: _____

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ADDRESS: _____
YOUR POSITION: _____ DESCRIBE YOUR DUTIES: _____
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EMPLOYER: _____ EMPLOYED FROM: _____ TO _____
ADDRESS: _____
YOUR POSITION: _____ DESCRIBE YOUR DUTIES: _____
_____
STARTING SALARY: _____ FINAL SALARY _____
SUPERVISOR'S NAME _____ REASON FOR LEAVING: _____

I CERTIFY THAT I AM OVER 18 YEARS OF AGE, A CITIZEN OF THE UNITED STATES AND AM LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES (IF NOT A CITIZEN, I WILL PROVIDE EVIDENCE OF THE FACT THAT I AM LEGALLY EMPLOYABLE). I ALSO CERTIFY THAT I HAVE RECEIVED M.S.H.A. TRAINING, OR WILL HAVE RECEIVED TRAINING PRIOR TO BEGINNING WORK FOR TB CONTRACTORS, INC. I FURTHER CERTIFY THAT THE INFORMATION I HAVE SUBMITTED IS TRUE. I UNDERSTAND THAT MY APPLICATION WILL BE ACTIVELY CONSIDERED FOR 30 DAYS AT WHICH TIME REAPPLICATION WILL BE NECESSARY. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, EITHER TBC OR I MAY TERMINATE OUR EMPLOYMENT RELATIONSHIP WITH OR WITHOUT CAUSE AT ANY TIME.

_____
SIGNATURE *DATE*