



SONORAN PUEBLO CONTRACTING, LLC

Office: 7503 S. Yoem Bo-Oh, Tucson, Arizona 85757
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For Official Use

Date

Submitted:

Date

Reviewed:

Please fill out the application in full, any parts left blank or missing may invalidate your application. If you have no information for a section, please put N/A.

Employment Application

Name and Address	
Name (First, MI, Last):	
Mailing Address:	City, State, Zip Code:
Telephone:	Alternate Phone:
Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Position Applied For:	Desired Salary:
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for SPC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an enrolled Tribal Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation Name:	
Have you ever been convicted of, or held a plea of guilt, no contest, withheld judgment, or have a pending to a Federal or State <u>felony</u> ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	
Have you ever been convicted of a <u>misdemeanor</u> ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	
I acknowledge that a background check and drug screening will be required as part of the application process:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education	
High School or GED:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No List graduate date and school name:
Trade School or College:	Do you have any further education? <input type="checkbox"/> Yes <input type="checkbox"/> No List certifications/degrees and institutions names:
Other:	Do you have any other education/certificates: <input type="checkbox"/> Yes <input type="checkbox"/> No List any certifications and institution name:
References	
Reference's Name:	Phone:
Company:	Email:
Relationship:	Company Location:
Reference's Name:	Phone:
Company:	Email:
Relationship:	Company Location:
Reference's Name:	Phone:
Company:	Email:
Relationship:	Company Location:
Identification	
Were you referred to this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then by whom?	
Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you fluent in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a United States veteran or have serviced in a branch of the armed forces? If yes, branch and discharge date: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability	
Days/Hours Available:	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wed.	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	
I am looking for:	<input type="checkbox"/> Full-time
	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Seasonal/Temporary
Are you available to work evenings, weekends, overtime and Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No In no, explain:	

Employment History

Please list minimum of 5 years of employment history

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From*

to

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor?

Yes

No

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From*

to

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor?

Yes

No

Employment History - Continued

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From* _____ *to* _____

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor? Yes No

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From* _____ *to* _____

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor? Yes No

Employment History Continued

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From* _____ *to* _____

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor?

Yes

No

Company Name:

Address:

Job Title:

Ending Salary:

Responsibilities:

Employment Start Date and End Date: *From* _____ *to* _____

Reason for Leaving:

Supervisor Name:

Phone:

May we contact your supervisor?

Yes

No

Experience Checklist

Do you have experience with:

- | | | | |
|---------------------------|------------------------------|-----------------------------|----------------------|
| General Labor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Brick/Block laying | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Masonry | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Heavy equipment operating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Electrical | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Plumbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Milling and cutting metal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| HVAC installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Roof installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Drywall installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Carpentry/framing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Residential renovations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Indoor/outdoor painting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Maintenance technician | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Landscaping | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Supervising | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Concrete | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Tile/Carpet/Flooring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years of Experience: |

Disclaimer

Equal Opportunity Employer: *Sonoran Pueblo Contracting LLC does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor. SPC follows the Title I and Title V of the Americans with Disability Act of 1990 to protect individuals with disabilities from discrimination and to provide reasonable accommodations.*

Certify and Sign

*By signing and submitting this application, I hereby agree to the above terms and conditions, and confirm that the information contained in this application is true and correct.
If this application leads to my employment with SPC, I understand that false or misleading information in my application or verbal interview may result in the termination of my employment and loss of ability to be employed with SPC and any subsidiary companies in the future.*

Name Printed:

Signature:

Date: