



**GILA RIVER INDIAN COMMUNITY**  
**Tribal Employment Rights Office**  
**INDIAN PREFERENCE/COMPLIANCE PLAN**

Project & Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Sub-Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone#: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Employment opportunities to be made available prior to the approval of this Compliance Plan  
 NOTE: With the exception of the Core Crew, **ALL EMPLOYMENT OPPORTUNITIES WILL BE FILLED BY QUALIFIED NATIVE AMERICAN INDIANS, DEPENDING ON AVAILABILITY.**

**\*Core Crew Consists of ONLY Superintendents, Supervisors and Project Managers**

**CORE CREW PERSONNEL ON PROJECT SITE**

<u>Employee Name:</u>	<u>Classifications &amp; Job Titles:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<u>Available Employment Positions for TERO Clients:</u>	<u>Number of Positions:</u>
Skilled (Journeyman, Craftsmen)	_____
Semi-Skilled (Apprentice)	_____
Trainees (Training Programs)	_____
Labor	_____

**TOTAL EMPLOYMENT OPPORTUNITIES:** \_\_\_\_\_

**CERTIFICATION**

This is to certify that (Company Name) \_\_\_\_\_ will make every effort to comply with hiring and training of Native American Indians with the above Compliance Plan in regard to GRIC Title 12 Ordinance, (Project Name) \_\_\_\_\_ while working with all employers in the community. I am in receipt of the Title 12 Ordinance GR-02-09, as it may be amended by the Council from time to time.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.**

\_\_\_\_\_  
**Company Official Signature**

\_\_\_\_\_  
**Tribal Employment Rights Director or Designee**

\_\_\_\_\_  
**Printed Name & Title (VP or higher)**

\_\_\_\_\_  
**Date**



**GILA RIVER INDIAN COMMUNITY  
Tribal Employment Rights Office  
Sub-Contractors Information List  
PLEASE RETURN ALL PAGES**

Project & Location: \_\_\_\_\_ Approximate Start Date: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list Sub of a Sub-Contractor, whether Union or Non-Union, which will be conducting business in agreement with your company, within the Gila River Indian Community boundaries:**

**SUB-CONTRACTOR**

Sub-Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Start Date: \_\_\_\_\_  
What type of work/services Sub-Contracted for: \_\_\_\_\_

**OTHER SUB-CONTRACTORS:**

Sub-Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Start Date: \_\_\_\_\_  
What type of work/services Sub-Contracted for: \_\_\_\_\_

**OTHER SUB-CONTRACTORS:**

Sub-Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Start Date: \_\_\_\_\_  
What type of work/services Sub-Contracted for: \_\_\_\_\_

**NOTICE**

**General Contractors, it is your responsibility to make sure all of your Sub-Contractors are subject to adhere to all rules and regulations set forth by the Gila River Indian Community (GRIC), Tribal Employment Rights Office (TERO), in regard to GRIC Title 12 – Labor and Employment Ordinance.**



**GILA RIVER INDIAN COMMUNITY  
Tribal Employment Rights Office  
Employer Request Form**

**Project & Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Sub-Contractor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMPLOYMENT POSITION**

**Employment Position:** \_\_\_\_\_ **Number of Positions:** \_\_\_\_\_  
**Estimated Start Date:** \_\_\_\_\_ **Estimated Completion Date:** \_\_\_\_\_

**QUALIFICATION FOR EMPLOYMENT POSITION**

**List All Qualifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SALARY PER HOUR AND PAYROLL SCHEDULE**

**Employee will be paid:**  
\$ \_\_\_\_\_ Per Hour \_\_\_\_\_ Salary Amount Depending on Experience  
**Employee will receive a payroll check for the amount of hours worked:**  
\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly

**TIME, DATE, & LOCATION TO REPORT**

**Application process:** \_\_\_\_\_  
**Report Time:** \_\_\_\_\_ A.M./P.M. **Report Date:** \_\_\_\_\_  
**Reporting Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**GILA RIVER INDIAN COMMUNITY  
Tribal Employment Rights Office  
Project Employee List  
PLEASE SUBMIT ON A WEEKLY BASIS**

Project: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Sub-Contractor: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee Name	Trade or Title	Wage	American Indian	Non-Indian	Lay-Off Date	Termination Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						



**GILA RIVER INDIAN COMMUNITY  
Tribal Employment Rights Office  
Compliance Officer Evaluation**

**CLOSE OUT FORM**

Project: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Superintendent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_

Have all Project Employee Lists been submitted and does the contractor have a current business license on file?  
 Yes  No If no, when will PEL's and/or current business license be submitted to the TERO office?

\_\_\_\_\_  
\_\_\_\_\_

How would you rate the working relationship with your assigned compliance officer?  
 Poor  Fair  Good  Excellent Additional Comments: \_\_\_\_\_

\_\_\_\_\_

What obstacles did your company experience while working on this project? \_\_\_\_\_  
\_\_\_\_\_

Contractors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TERO OFFICE USE ONLY**

Did this Company comply with Title 12 and Indian Preference hiring?  
 Yes  No If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this contractor for future projects?  
 Yes  No Why? \_\_\_\_\_  
\_\_\_\_\_

Comments by Compliance Officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Directors/Supervisor/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_