

## Nez Perce TERO Skills Bank Application

Position(s) Applying For (1)			(2)			(3)		
Name						Social Security No.		
Address (Street, City, State, Zip)								
Home Phone			Work Phone			Alternate Reliable Phone Contact		
Tribal Affiliation			Enrollment No.			If Not Enrolled, Check One <input type="checkbox"/> Descendant <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Indian		
Are You Applying for <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp.			What Shifts Will You Work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights			May We Contact Present Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No Local No:			Name			Address		
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran/Other Eligible <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Vet <input type="checkbox"/> Eligible Person <input type="checkbox"/> Persian Gulf		Military Service Mo/Day/Yr Date Entered _____ Date Released _____			Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine <input type="checkbox"/> Coast Guard <input type="checkbox"/> NOAA		
Disabled-Service Connected <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Special Disabled Vet			Honorably Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No			Rank		

### EDUCATION AND TRAINING

High School/GED (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Highest Grade Completed	Date Completed

Other - Vocational/OJT/College/Technical, Military Service, Apprenticeship (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Degree (If yes, Type)	

Other - Vocational/OJT/College/Technical, Military Service, Apprenticeship (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Degree (If yes, Type)	

Other - Vocational/OJT/College/Technical, Military Service, Apprenticeship (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Degree (If yes, Type)	

Valid Driver's License ___ Yes ___ No License No. _____ State _____ Expiration Date _____	Valid CDL ___ Yes ___ No Expiration Date _____ Endorsements?	Flagging Card ___ Yes ___ No Expiration Date _____
Ability to Travel ___ Yes ___ No	___ 0-50 miles ___ 51-100 Miles ___ 101-150 miles ___ 151-200 miles or more	
Are you able to read Blue Prints ___ Yes ___ No Are you able to understand Building Codes ___ Yes ___ No Specifications ___ Yes ___ No		
Attach copies of any License or Certificates (eg. Electrical, Plumber, etc.)		

**INDICATE BELOW, ANY EXPERIENCE OR TRAINING YOU MAY HAVE IN THE LISTED CATEGORIES.**

HEAVY EQUIPMENT OPERATOR	BUILDING TRADES	FORESTRY
	Do you have tools ___ Yes ___ No	
<i>Example: Front End loader, Cat, Roller</i>	<i>Example: Carpenter, Carpenter 1 &amp; II Carpenter Maintenance, Sheet Metal</i>	<i>Example: forest Worker, Supervisor, Fire Fighter, Aide, Tree Planter, Tubing, Park Aide</i>

LABORER	CLERICAL	TECHNOLOGY
	WPM _____ Shorthand _____	
Do you have tools ___ Yes ___ No		Do you have tools ___ Yes ___ No
<i>Example: Flagger, Pipelayer, Culvert Crew, Landscaping, Fencing</i>	<i>Example: Clerk Typist, Secretary, Admin. Assist., Receptionist, Legal Secretary</i>	<i>Example: Computers, Automotive</i>

CONSTRUCTION	UTILITIES	OTHER
Do you have tools ___ Yes ___ No	Do you have tools ___ Yes ___ No	Do you have tools ___ Yes ___ No
<i>Example: Carpenter, Cement Masonry, Plumbing, Dry Sacking, Dry Wall, Taping</i>	<i>Example: Electrical, Lineman, Telecommunications</i>	<i>Example: Painter, Auto Mechanic, Sales Clerk, Security Staff, Irrigation Fitting, Landscaping</i>

**WORK HISTORY**

<b>Employer Name</b>		<b>Phone No.</b>	
<b>Street/P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Start Date</b>	<b>End Date</b>	<b>Pay Rate</b>	<b>Reason for Leaving</b>
<b>Supervisor</b>	<b>Title</b>	<b>Contact ___ Yes ___ No</b>	<b>Employee Job Title</b>
<b>Description of Work</b>			
<b>Number of hours each piece of machinery/or skill performed:</b>			

<b>Employer Name</b>		<b>Phone No.</b>	
<b>Street/P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Start Date</b>	<b>End Date</b>	<b>Pay Rate</b>	<b>Reason for Leaving</b>
<b>Supervisor</b>	<b>Title</b>	<b>Contact ___ Yes ___ No</b>	<b>Employee Job Title</b>
<b>Description of Work</b>			
<b>Number of hours each piece of machinery/or skill performed:</b>			

<b>Employer Name</b>		<b>Phone No.</b>	
<b>Street/P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Start Date</b>	<b>End Date</b>	<b>Pay Rate</b>	<b>Reason for Leaving</b>
<b>Supervisor</b>	<b>Title</b>	<b>Contact ___ Yes ___ No</b>	<b>Employee Job Title</b>
<b>Description of Work</b>			
<b>Number of hours each piece of machinery/or skill performed:</b>			

**In Case of Accident or Emergency Please Notify**

1. Name	Phone	Relationship
2. Name	Phone	Relationship

**REFERENCES (that can verify work experience)**

Last Name	First Name	MI	Area Code	and Phone No.
Street Address	P.O. Box	City	State	Zip

Last Name	First Name	MI	Area Code	and Phone No.
Street Address	P.O. Box	City	State	Zip

Last Name	First Name	MI	Area Code	and Phone No.
Street Address	P.O. Box	City	State	Zip

**AGREEMENT**

**I certify that answers given herein are true and complete to the best of my knowledge. I agree that:**

- \* TERO is authorized to make such investigations and inquiries, as may be necessary, for confirming my eligibility and qualifications for the skills listed on this application.
- \* That by filing this application, I am not assured of a referral for every job opportunity that results through the Nez Perce TERO agreements with employers.
- \* That it is my responsibility to update this application and the information it contains on a regular basis (every six months).
- \* That TERO prioritizes job referrals to those employment seekers who meet the qualifications the employer is seeking and who are actively signing in at the Nez Perce TERO Hiring Hall.

**I FURTHER AGREE THAT:**

- \* It is my responsibility to report to work with appropriate identification or licenses and may not be put to work if I should fail to do so.
- \* That I must be prepared for work with proper tools, work attire, etc. at the designated STARTING time.
- \* TERO Agreements with employers do not waive my obligation to be a prepared, punctual, and productive worker.

\_\_\_\_\_  
**Applicant Signature**

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

**FOR OFFICE USE ONLY**

Date Received:	By:	Update:
Attachments (e.g., resume, copy of certificates or licenses, Tribal ID, etc.):		
Referral History:		