

Nez Perce TERO Skills Bank Application

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|--|--|--|--|--|--|---|--|--|
| 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 |
|---|--|--|
| | | |
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| | | |
| | | |
| | | |
| | Do you have tools ___ Yes ___ No | |
| <i>Example: Front End loader, Cat, Roller</i> | <i>Example: Carpenter, Carpenter 1 & 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

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

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

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

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: | | |
| | | |