

Nez Perce TERO Skills Bank Application

Position(s) Applying For (1)			(2)			(3)		
Name						Social Security No.		
Address (P.O. Box, City, State, Zip)								
Home Phone			Work Phone			Cell Phone		
Tribal Affiliation			Enrollment No.			Email Address:		
Are You Applying for ___ F/T ___ P/T ___ Temp.			What Shifts Will You Work ___ Days ___ Evenings ___ Nights			May We Contact Present Employer ___ Yes ___ No		
Union Membership ___ Yes ___ No Local No:			Name			Address		
Veteran ___ Yes ___ No	Veteran/Other Eligible ___ Vietnam Era ___ Other Vet ___ Eligible Person ___ Persian Gulf		Military Service Mo/Day/Yr Date Entered _____ Date Released _____		Branch of Service ___ Army ___ Navy ___ Air Force ___ Marine ___ Coast Guard ___ NOAA			
Disabled-Service Connected ___ Disabled Vet ___ Special Disabled Vet			Copy of DD 214			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 list type of degree)	
Other - Vocational/OJT/College/Technical, Military Service, Apprenticeship (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Degree (If yes list type of degree)	
Other - Vocational/OJT/College/Technical, Military Service, Apprenticeship (Name, Street, City, State, Zip)		
From (Mo/Day/Yr) To (Mo/Day/Yr)	Degree (If yes list type of degree)	

Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No License No. _____ State _____ Expiration Date _____	Valid CDL <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date _____ Endorsements? _____	Flagging Card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date _____
Ability to Travel <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-50 miles <input type="checkbox"/> 51-100 Miles <input type="checkbox"/> 101-150 miles <input type="checkbox"/> 151-200 miles or more	
Are you able to read Blue Prints <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to understand Building Codes <input type="checkbox"/> Yes <input type="checkbox"/> No Specifications <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have tools <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have tools <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have tools <input type="checkbox"/> Yes <input type="checkbox"/> 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>

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			
<u>Number of hours each piece of machinery/or skill performed:</u>			

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			
<u>Number of hours each piece of machinery/or skill performed:</u>			

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			
<u>Number of hours each piece of machinery/or skill performed:</u>			

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.
- * By signing this application, I am not guaranteed a Dispatch for every job and cannot choose the job opportunity that the Nez Perce TERO has through agreements with employers.
- * That it is my responsibility to update this application and the information it contains on a yearly basis and signing or calling in once a week.
- * That TERO prioritizes job referrals to those employment seekers who meet the qualifications the employer is seeking and who are weekly signing in at the Nez Perce Tribal Employment Rights Office.

I FURTHER AGEE 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

**NEZ PERCE TRIBAL EMPLOYMENT RIGHTS OFFICE
RELEASE OF CONFIDENTIAL INFORMATION**



I, _____, give the Nez Perce Tribal Employment Rights Office consent to obtain from or give to the following agencies and/or persons pertinent information needed to verify a need for Nez Perce Tribal Employment Rights Office Service to Participants Assistance. I understand that such information will remain confidential and that the information will be used for the benefit of obtaining assistance. This consent is valid for the current year as dated.

NAME OF AGENCY/PERSON	ADDRESS	APPLICANTS INITIAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIAL INFORMATION:

The Nez Perce Tribe Personnel Policies and Procedures (Appendix I): Tribal programs performing certain assistance and/or treatment services to Tribal members and/or clients may not disclose confidential information specified by that particular program's legislation and/or rules. "All personal information relating to individual employees or tribal activities shall be confidential. A breach of this policy will be grounds for termination."

Applicant Signature: _____ Date: _____

I have explained to _____ the purpose of this release and the disclosure which might reasonably be anticipated.

NPTERO Staff Signature: _____ Date: _____

SPECIFIC TRADE EXPERIENCE

Indicate areas you have experience using the following: (leave blank if NO experience)

PLEASE USE YEARS AND MONTHS FOR YOUR JOB EXPERIENCE
 (YEARS & MONTHS) (YEARS & MONTHS) (YEARS & MONTHS)

MASON: _____ Finisher _____ CMU Block _____ Concrete Repairs
 _____ Rub/Sack

CARPENTER: _____ Concrete Formwork _____ Framing _____ Pilebuck
 _____ Millwright _____ Bridge

ELECTRICIAN: _____ Low Voltage _____ High Voltage _____ Instrumentation

IRON WORKER: _____ Structural _____ Rebar

LABORER: _____ Pipe Layer _____ Landscape _____ Concrete _____ General

OPERATOR: _____ Dozer _____ Finish Blade _____ Pipe Excavator _____ Excavator
 _____ Hydraulic Crane _____ Friction Crane _____ Pile Driver _____ Bobcat
 _____ Loader _____ Backhoe

PIPE FITTER: _____ WSP _____ Copper _____ PVC _____ Ductile

PLUMBER: _____ SST _____ Residential _____ HDPE
 _____ Licensed in _____ (State)

SURVEYOR: _____ Party Chief _____ Instrument _____ Total Station
 _____ Licensed in _____ (State)

TEAMSTER: _____ Dump Truck Solo _____ Dump Truck Combo _____ Articulated _____ Mechanic
 _____ Lowboy

WELDER: _____ Structural _____ Pipe _____ Certification _____ Yes _____ No

OTHER: _____ Flagger _____ Current Card _____ Yes _____ No
 _____ Painter

(Turn page over)

Miscellaneous Experience:

_____	YRS _____	Months _____
_____	YRS _____	Months _____
_____	YRS _____	Months _____