

Nez Perce TERO Skills Bank Application

Position(s) Applying For		(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 Descendant Spouse Non-Indian
Are You Applying for ___F/T ___PIT 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		Honorably Discharged? Yes 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 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 151-200 miles or more 101-150 miles	
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	
Example: Front End loader, Cat, Roller	Example: Carpenter, Carpenter 1 & II Camentor Maintenance. Sheet Metal	Example: forest Worker, Supervisor, Fire Fighter, Aide. Tree Planter. Tubina. Park Aide
	WPM Shorthand	
	Do you have tools Yes No	Do you have tools Yes No
Example: Flagger, Pipelayer, Culvert Crew, Landscaping, Fencing	Example: Clerk Typist, Secretary, Admin. Assist., Receptionist, Legal Secretary	Example: Computers Automotive

Do you have tools Yes No	Do you have tools Yes No	Do you have tools Yes No
Example: Carpenter, Cement Masonry, Plumbing, Dry Sackina, Dry Wall, Tapina	Example: Electrical, Lineman, Telecommunications	Example: Painter, Auto Mechanic, Sales Clerk, Security Staff, Irrigation Fitting, Landscaping

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:						

06/20/2023

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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:						

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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		Area Code and Phone No.		
Street Address		P.O. Box	City	State	Zip	
Last Name		First Name		Area Code and Phone No.		
Street Address		P.O. Box	City	State	Zip	
Last Name		First Name		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.
- * I also agree to leave this job in good standing or it may impact my future dispatches with TERO.

Applicant 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 _____ Framer _____ Pilebuck
_____ Milwright _____ 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 _____ Ducile

PLUMBER: _____ SST _____ Residential _____ HDPE
_____ 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

Miscellaneous Experience:

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

NEZ PERCE TRIBAL EMPLOYMENT RIGHTS OFFICE
RELEASE OF CONFIDENTIAL INFORMATION

_____ 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. The consent is valid for the current year as dated.

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

CONFIDENTIAL INFORMATION:

The Nez Perce Tribe Personnel Policies and Procedures (Appendix 1): Tribal programs performing certain assistance and/or treatment services to Tribal members and/or clients may not disclose confidential 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's Signature: _____ Date: _____

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

NPTERO Staff Signature: _____ Date: _____



IDAHO

WORKFORCE

DEVELOPMENT COUNCIL

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant the TYAP (TERO Youth Apprenticeship Program), Idaho Workforce Development Council and Idaho Business for Education (the "Idaho Youth Apprenticeship Readiness Grant Partners or IYARG Partners") the irrevocable right and permission to use photographs and/or video recordings of me on IYARG Partners' and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of IYARG Partners.

I hereby release, acquit, and forever discharge the TYAP (TERO Youth Apprenticeship Program), State of Idaho and Idaho Business for Education, their current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Individual Photographed/Recorded _____
Date

Printed Name of Individual Photographed/Recorded: _____

If the individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded _____
Date

Printed Name of Parent/Guardian: _____

Signature of Witness

Date