

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 <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>

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:				

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 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 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

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
	_____ Hydraulic Crane	_____ Friction Crane	_____ Excavator
	_____ Loader	_____ Backhoe	_____ Pile Driver
			_____ Bobcat
PIPE FITTER:	_____ WSP	_____ Copper	_____ PVC
			_____ Ductile
PLUMBER:	_____ SST	_____ Residential	_____ HDPE
	_____ Licensed IN	_____ (State)	
TEAMSTER:	_____ Dump Truck Solo	_____ Dump Truck Combo	_____ Articulated
	_____ Lowboy		_____ Mechanic

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



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. 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:** _____



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