



# NEZ PERCE TRIBAL EMPLOYMENT RIGHTS SKILLS BANK APPLICATION

P.O. Box 365  
Lapwai, ID 83540  
(208) 843-7363

This application will be maintained in the TERO Office for a period of one year. It is the client's responsibility to update Skills Bank every year.

<b>Date:</b>	<b>Name (Last, First, MI):</b>	<b>Positions Applying For:</b>
<b>Mailing Address:</b>		<b>City, State, Zip:</b>
<b>Contact Phone:</b>	<b>Email:</b>	<b>Social Security Number:</b>
<b>Tribal Affiliation:</b>	<b>Enrollment Number:</b>	<b>Date of Birth:</b>

<b>Driver's License?</b> Yes No	<b>Vehicle Insurance?</b> Yes No	<b>Military Veteran?</b> Yes No
<b>Union Member?</b> Yes No (if yes) Local No:	<b>Would you consider joining a union?</b> Yes No	
<b>Do you have a CDL?</b> Yes No	<b>Do you have a Flaggers Card?</b> Yes No	<b>Can you read blueprints?</b> Yes No
<b>DAYS WILLING TO WORK (check all that apply):</b> <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday <input type="radio"/> Saturday <input type="radio"/> Sunday	<b>INTERESTED IN (check all that apply):</b> <input type="radio"/> Full-time Temp <input type="radio"/> Part-time Temp <input type="radio"/> Full-time Permanent <input type="radio"/> Part-time Permanent	<b>Willing to work off-reservation?</b> Yes No <b>How far are you able to travel from your home?</b> _____ miles <b>Willing to work overtime?</b> Yes No <b>Willing to work Holidays?</b> Yes No <b>Willing to work short time?</b> Yes No <b>Can work with no supervision?</b> Yes No <b>Consent to drug/urinalysis test?</b> Yes No

**Are there any barriers to your employment? (check all that apply)**

<input type="radio"/> Currently homeless <input type="radio"/> Disability <input type="radio"/> Substance Abuse <input type="radio"/> Ex-offender <input type="radio"/> Arrests/convictions <input type="radio"/> No diploma/GED	<input type="radio"/> Limited reading skills <input type="radio"/> Limited math skills <input type="radio"/> Need Childcare <input type="radio"/> Need transportation <input type="radio"/> Need driver's license <input type="radio"/> On probation or parole	<input type="radio"/> Need birth certificate <input type="radio"/> Need SS card <input type="radio"/> Need work experience <input type="radio"/> Need training/certifications <b>Other:</b> _____
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## EDUCATION & TRAINING

	School name & location:	Graduation date:	Major or subject studied:
High School			
College			
Trade, business or correspondence			

Trainings/Certifications/Licenses Completed: \_\_\_\_\_

**EMPLOYMENT HISTORY (please list the last 10 years of job experience):**

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

<b>Name of Company:</b>	<b>Title:</b>	<b>Supervisor's Name &amp; Phone No.:</b>	
<b>Duties Performed:</b>		<b>Dates Employed:</b>	<b>Rate of Pay:</b>

Use the back of this paper if more room is needed

**REFERENCES (contacted to verify work practices and abilities):**

NAME	TITLE	COMPANY	EMAIL & PHONE

**ARE YOU EXPERIENCED IN ANY TOOLS? (If yes, provide years of experience)**

<b>Skill Saw</b>	Yes	No	_____	<b>Laser Levels</b>	Yes	No	_____
<b>Hand Drill</b>	Yes	No	_____	<b>Saber Saw/Jigsaw</b>	Yes	No	_____
<b>Drywall Gun</b>	Yes	No	_____	<b>Router Saw</b>	Yes	No	_____
<b>Mudding Gun</b>	Yes	No	_____	<b>Band Saw</b>	Yes	No	_____
<b>Chop Saw</b>	Yes	No	_____	<b>Drill Saw</b>	Yes	No	_____
<b>Table Saw</b>	Yes	No	_____	<b>Hand Compactors</b>	Yes	No	_____
<b>Air Compressor</b>	Yes	No	_____	<b>Concrete Cutter</b>	Yes	No	_____
<b>Paint Compressor</b>	Yes	No	_____	<b>Jack Hammer</b>	Yes	No	_____
<b>Bench Grinder</b>	Yes	No	_____	<b>Measuring Wheel</b>	Yes	No	_____
<b>Palm Sander</b>	Yes	No	_____	<b>Lathe</b>	Yes	No	_____

**HEAVY EQUIPMENT EXPERIENCE**

EQUIPMENT TYPE	Experience (months)	EQUIPMENT TYPE	Experience (months)
<b>Bulldozer</b>		<b>Backhoe</b>	
<b>Loader</b>		<b>Excavator</b>	
<b>Grader</b>		<b>Compactor</b>	
<b>Paver</b>		<b>Crane</b>	
<b>Forklift</b>		<b>Other:</b>	

**CONSTRUCTION TRADE EXPERIENCE**

JOB TYPE	EXPERIENCE (please state if you are an apprentice/journeyman etc. and months)	OWN TOOLS & GEAR?	NEED TRAINING?
<b>Carpenter (general)</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Cement Mason</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Confined Space</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Drywall</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Electrician</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Flagger</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Flooring</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Haz-mat</b>		<b>Yes No</b>	<b>Yes No</b>
<b>HVAC</b>		<b>Yes No</b>	<b>Yes No</b>
<b>Insulation</b>		<b>Yes No</b>	<b>Yes No</b>

**CONSTRUCTION TRADE EXPERIENCE (CONTINUED)**

JOB TYPE	EXPERIENCE (please state if you are an apprentice/journeyman etc. and months)	OWN TOOLS & GEAR?	NEED TRAINING?
Ironworker		Yes No	Yes No
Laborer		Yes No	Yes No
Mechanic		Yes No	Yes No
Painter		Yes No	Yes No
Plumber		Yes No	Yes No
Roofer		Yes No	Yes No
Welder		Yes No	Yes No
Truck driver - CDL		Yes No	Yes No
Other:		Yes No	Yes No

**EMERGENCY CONTACTS:**

Name	Phone	Relationship

**AGREEMENT & UNDERSTANDING**

**I certify that the information provided and true and complete to the best of my knowledge.**

**I agree and understand 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.
- It is my responsibility to update my application every year and sign-in once a week with the TERO Office to remain in “available to work” status.
- This application is not intended to be a contract of employment, nor concerning my employment, education/training, military history listed on this application. I am not assured of a referral for every job opportunity that results through the TERO Agreements with employers.
- It is my responsibility to report to work with appropriate identification, licenses, tools, and work attire and I may not be put to work if I fail to do so at the designated starting time.
- TERO Agreements with employers DO NOT waive my obligation to be a prepared, punctual, and productive worker.
- I will leave a job in good standing, or it may impact my future dispatches with TERO.

**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 assist with my employment, training, quality of services, or any other need that the Nez Perce Tribal Employment Rights Office deems important for my health and welfare. I understand that such information will remain confidential, and that the information will be used solely for my benefit. The consent is valid for the current year as dated.

NAME OF AGENCY/PERSON	ADDRESS	APPLICANT 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.**

**TERO/TYAP Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Nez Perce Tribe TERO/TYAP

## VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant TERO (Tribal Employment Right's Office)/TYAP (TERO Youth Apprenticeship Program) the irrevocable right and permission to use photographs and/or video recordings of me on TERO/TYAP's 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 TERO/TYAP.

I hereby release, acquit, and forever discharge the TERO/TYAP, 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 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