



Smith River Rancheria

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Russ Crabtree
Tribal
Administrator

Dear Applicant:

Enclosed you will find the forms needed to establish your qualifications for receiving assistance from the TERO Job placement and Training program.

Included Forms:

- Application for Assistance (Required)
- Self-Sufficiency Plan (Required)
- Choose one of the follow:
 - Job Offer Verification
 - Training Verification

The *Application for Assistance* helps the TERO department determine your eligibility for funds. It is important that you completely fill out this form.

The *Self-Sufficiency Plan* is an outline of how you will be participating in your job or training and will be developed by both you and TERO staff to help you achieve self-sufficiency.

Complete either the *Job Offer Verification* or the *Training Verification* form, depending on how you are choosing to establish eligibility for funds. The form will need to contain information on the new job or training, along with a signature from an individual who can confirm your participation in the job or training program.

If you have any questions or concerns, please do not hesitate to contact the TERO office.

Sincerely,

Scott D. Sullivan
Tribal Employment Rights Compliance Officer

Enclosure

Waa-saa-ghitlh-'a~ Wee-ni Naa-ch'aa-ghitlh-ni
Our Heritage Is Why We Are Strong



TERO Job Placement & Training Application for Assistance



Instructions: This form must be completed in its *entirety*.

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Telephone #: (____) _____ Message Telephone #: (____) _____
Marital Status: _____ Email address: _____
D.O.B (mm/dd/yyyy): _____ SSN: _____

Indian Preference

Are you a member of the Smith River Rancheria? Yes No

If Yes, Enrollment Number: _____

Are you a member of a different Federally-Recognized Tribe? Yes No Tribal Affiliation: _____

NOTE: If you are a member of another Tribe, you must provide documentation of Indian Status to be eligible for Indian Preference

Assistance Information

Assistance type: Job Placement Vocational Assistance

Have you had previous training? Yes No

Type and date of training completed: _____

What type of employment or training are you requesting assistance with?: _____

Do you have income from any source? Yes No

If Yes, please list: _____

Education Information

Do you have a high school diploma? Yes No

Do you have a GED? Yes No

Name of High School: _____ City: _____ State: _____

Graduated? Yes No Year: _____

Name of College: _____ City: _____ State: _____

Major or Course of Study: _____ Graduated? Yes No Degree Earned: _____

of Quarter/Semester Credits Earned: _____ Year Graduated: _____

Signature _____ Date _____

TERO Office Use Only

Job offer/training enrollment verified: _____ Self-Sufficiency plan completed & signed: _____

SRR enrollment verified: _____ Date services rendered: _____

TERO Signature: _____ Date: _____



TERO Job Placement & Training Self-Sufficiency Plan



Instructions: This form must be completed in its *entirety*.

Training or Employment Information

Type of training or employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Training objective: _____

Contact person & telephone number: _____

Financial & Material Resource Information

NOTE: Please be as clear and as thorough as possible.

List all financial resources and amounts: _____

Identify **financial** resources necessary for training or new job: _____

Identify **material** resources necessary for training or new job: _____

Individual Self-Sufficiency Information

How will TERO assistance meet your individual goals?: _____

How will TERO assistance meet the tribe's goals?: _____

I certify that answers given herein are true and complete to the best of my knowledge. I give TERO/Human Resource permission to verify employment and education background as specified in the application

Signature _____ Date _____

TERO Office Use Only

TERO Signature: _____ Date: _____



TERO Job Placement & Training Job Offer Verification



Instructions: Please fill out **either** this *Job Offer Verification* form or the *Training Verification* form.

Job Information

Applicant's Job Title _____ Location of Employment: _____

Starting Date of Employment: _____ Beginning wage: _____

Date of first full pay date: _____ This is a full time position? Yes No

Expected duration of job: _____ Expected hours per week: _____

Contact person (print name) & title: _____

Contact phone number: _____

Signature of individual making job offer: _____ Date: _____

TERO Office Use Only

Date Received ____/____/____

Received By: _____

Job offer verified: _____

First pay stub verified: _____

TERO Signature: _____

Date: _____



TERO Job Placement & Training Job Training Verification



Instructions: Please fill out **either** this *Training Verification* form or the *Job Offer Verification* form.

Training Information

Type of training assistance requested: _____

Training Location: _____ Training Provider: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person (print name) & title: _____

Course number(s) and/or description of training: _____

Describe type and amount of fees: _____

Required supplies and materials: _____

Financial assistance offered to student by training provider: _____

Course number and/or title: _____

Projected date to complete training: _____

TERO Office Use Only

Date Received ____/____/____

Received By: _____

Job training enrollment verified: _____

TERO Signature: _____ Date: _____