



Smith River Rancheria
Tribal Employment Rights Office
Job Placement and Training



Dear Applicant:

Enclosed are a few forms you will need to complete before receiving assistance from the TERO Job placement and Training program. The first is an Application for Assistance to determine your initial eligibility for assistance. Next are, Job Offer or Training verification forms, depending on whether you are requesting job placement or training assistance, followed by a Self-Sufficiency Plan.

The Application for Assistance form tell us about you, what you want to do, and what resources you may have to support yourself with while working towards the identified goal.

The Job Offer or Training Verification forms are to confirm and provide this office with contact information on the job or training you will be starting. You will need to complete the job verification form with information on the new job, along with a signature from an individual who represents the business. The training verification form identifies type and location of training as well as describing the instruction you will receive. The training verification form also requires you to list an individual we may contact to verify your enrollment and attendance.

The Self-Sufficiency Plan is an outline of how you will participate in your job/training and is signed by both you and TERO staff after a review of the information supplied in the forms previously mentioned.

If you have any questions or concerns, please do not hesitate to contact me.

Darrell Moorehead

Darrell Moorehead
Tribal Employment Rights Compliance Officer



Smith River Rancheria
Tribal Employment Rights Office
Job Placement and Training
Application for Assistance



Name (Last, First, Middle Initial): _____

Address: _____
City State Zip

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Are you enrolled with Smith River Rancheria? Yes _____ No _____, Roll Number: _____

Social Security #: _____, Marital Status: Single _____ Married _____

Applying for: job placement assistance _____ vocational assistance _____

Have you had previous training? Yes ___ No ___, Type and date of training completed _____

Have you completed: GED _____, High school _____, Years of college _____, Major in college _____

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

Training or employment location: _____

School/ Employer and address: _____

_____ City State zip

_____ Contact person and phone number

Course number and/or title: _____

Projected date to complete training: _____

Do you have income from any source? Yes _____, No _____, If yes, please list: _____

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Job offer or training enrollment verified. _____, Self-Sufficiency plan completed & signed _____

Smith River Rancheria enrollment verified. _____, Date services provided _____

 TERO Signature

 Date



Smith River Rancheria
Tribal Employment Rights Office
Job Placement and Training
Self-Sufficiency Plan



Name (Last, First, Middle Initial): _____

Address: _____

City State Zip

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Type of training or employment: _____

Address: _____

City State zip

contact person and phone number

Identify training objective: _____

List all financial sources and amounts: _____

Identify resources necessary for training or new job: _____

Identify how you will participate in training or job placement: _____

How will assistance meet your individual and the tribe's goals: _____

Participant signature

TERO representative signature



Smith River Rancheria
Tribal Employment Rights Office
Job Placement and Training
Job Offer Verification



Name (Last, First, Middle Initial): _____

Address: _____
City State Zip

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Applicant's job title: _____

Location of employment: _____

Starting date of employment Beginning wage Date of first full payday

The above named person is offered a permanent position with our company: Yes _____, No _____

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

Contact person (print name), title, and phone number

Signature of individual making job offer. Date

TERO Office Use Only

Job offer verified: _____

First pay stub verified: _____

TERO Signature Date



Smith River Rancheria
Tribal Employment Rights Office
Job Placement and Training
Training Verification



Name (Last, First, Middle Initial): _____

Address: _____
City State Zip

Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____

Type of training assistance requested: _____

Training location: _____

Training provider: _____

Address: _____
City State zip

Contact person (print name), title, and phone number

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

Describe type and amount of fees: _____

Required supplies and materials: _____

Financial assistance offered to student by training provider: _____

TERO Office Use Only

Job training enrollment verified. _____

TERO Signature

Date