



Tolowa Dee-ni' Nation

(Formerly known as *Smith River Rancheria*)

140 Rowdy Creek Rd, Smith River, CA 95567-9525

Ph: (707) 487-9255 Fax: (707) 487-0930

Dear Applicant:

Loren Me'-lash-ne
Bommelyn
Chairman

Denise Padgette
Vice Chairperson

Scott D. Sullivan
Council Secretary

Dr. Joseph
Giovannetti
Treasurer

Kara Brundin-
Miller
Council Member

Jeri Lynn
Thompson
Council Member

Marvin
Richards, Sr
Council Member

Russ Crabtree
Chief Executive
Officer

Enclosed you will find forms needed to establish your qualifications for receiving assistance from the Tribal Employment Rights Office (TERO) Job Placement and Training program.

Included forms:

- Application for Assistance
- Self-Sufficiency Plan
- Job Offer Verification and Training Request Forms

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

The *Self-Sufficiency Plan* is an outline of how you will be participating in your job or training and let TERO know what your resources are and what you need assistance with.

Complete **either** the Job Offer Verification **or** the Training Request form. If you were hired for a job then you would choose the Job Offer form. If you would like to request a training, then fill out the Training form. The form will need to contain information on your new job along with a signature from your supervisor or the Human Resources Department who can confirm your hire.

Once these forms are complete, mail to the TERO office, email them to me, or bring them to the Tribal Office. Once the TERO Office receives your application packet, your TERO file will be established. It takes two weeks to process an application and check.

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

Sincerely,

A handwritten signature in blue ink that reads "Lenora Hall".

Lenora Hall
TERO Director
lenora.hall@tolowa.com
707-487-9255, ext. 1165

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: _____