



TERO SKILLS BANK APPLICATION
Tribal Employment Rights Ordinance (TERO) Office
140 Rowdy Creek Road
Smith River, CA 95567
Phone (707) 487-9255 Fax (707) 487-0930



Instructions: This application will be maintained in the TERO Office for a period of one year. Please complete all sections of this application. Submit or attach a copy of your Tribal ID or information proving you are registered with a federally recognized Tribe in order to verify eligibility for Indian Preference. In addition, please submit copies of any and all certificates or licenses you possess, as well as a copy of your resume.

General Information

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Telephone #: (____) _____ Message Telephone #: (____) _____
Email address: _____
Male Female Are you 16 years of age or younger? Yes No Between 18 – 64? Yes No
D.O.B (mm/dd/yyyy): _____
Are you legally entitled to work in the United States? Yes No 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

Union Status

Are you a Union Member? Yes No
If Yes:
Union name and address: _____
Are you apprenticed? Yes No

Driver License Information

Do you have a valid Driver's License? Yes No Issuing State: _____ Class: A B C
Do you have a CDL? Yes No CDL Type: _____ Issuing State: _____
Endorsements: _____

Work Availability

Days You Are Willing To Work:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	Will Accept:	Shift:
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
	<input type="checkbox"/> Saturday			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Swing/Evening
Are you able to perform the essential functions of a job with or without reasonable accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Graveyard/Night
Are you willing to work 12 hour shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> Regular	<input type="checkbox"/> Rotating
Are you willing to work off the reservation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Are you willing to travel with the company who hires you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you have reliable transportation to the job site? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Special Skills or Permits

<input type="checkbox"/> Typing	<input type="checkbox"/> 10-Key <i>by touch</i>	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Legal Terminology
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Gen. Computer Operation	<input type="checkbox"/> Food Handler's Certificate	<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Mixologist Permit	<input type="checkbox"/> Flagging Certificate	<input type="checkbox"/> Blueprint Reading	<input type="checkbox"/> Graphics Software
<input type="checkbox"/> Office equipment	<input type="checkbox"/> Databases	<input type="checkbox"/> Desktop publishing	
Software:			
<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Outlook	<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Access	<input type="checkbox"/> Publisher		
Other: _____			

Education, Training, Certifications

Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of High School: _____	City: _____	State: _____	
Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____			
Name of College: _____	City: _____	State: _____	
Major or Course of Study: _____		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Earned: _____
# of Quarter/Semester Credits Earned: _____ Year			
Name of College: _____	City: _____	State: _____	
Major or Course of Study: _____		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Earned: _____
# of Quarter/Semester Credits Earned: _____			
Trade School: _____	City: _____	State: _____	
Year of Graduation: _____		Certificate obtained(if applicable): _____	
Occupational License, Certificate or Registration (if any): _____		Number: _____	
Issued by: _____		Expiration Date: _____	
Occupational License, Certificate or Registration (if any): _____		Number: _____	
Issued by: _____		Expiration Date: _____	

Work Experience**Equipment Operator**

Dozer	Months	<input type="text"/>	Years	<input type="text"/>
Loader	Months	<input type="text"/>	Years	<input type="text"/>
Scraper	Months	<input type="text"/>	Years	<input type="text"/>
Crane	Months	<input type="text"/>	Years	<input type="text"/>
Oiler	Months	<input type="text"/>	Years	<input type="text"/>
Driller	Months	<input type="text"/>	Years	<input type="text"/>
Blade	Months	<input type="text"/>	Years	<input type="text"/>
Roller	Months	<input type="text"/>	Years	<input type="text"/>
Backhoe	Months	<input type="text"/>	Years	<input type="text"/>
Combine	Months	<input type="text"/>	Years	<input type="text"/>
Tractor	Months	<input type="text"/>	Years	<input type="text"/>
Truck Driver	Months	<input type="text"/>	Years	<input type="text"/>

Building Trades

Carpenter	Months	<input type="text"/>	Years	<input type="text"/>
Framer	Months	<input type="text"/>	Years	<input type="text"/>
Plumber	Months	<input type="text"/>	Years	<input type="text"/>
Electrician	Months	<input type="text"/>	Years	<input type="text"/>
Painter	Months	<input type="text"/>	Years	<input type="text"/>
Cement Mason	Months	<input type="text"/>	Years	<input type="text"/>
Flooring	Months	<input type="text"/>	Years	<input type="text"/>
Insulation	Months	<input type="text"/>	Years	<input type="text"/>
Iron Worker	Months	<input type="text"/>	Years	<input type="text"/>
Welder	Months	<input type="text"/>	Years	<input type="text"/>
Mechanic	Months	<input type="text"/>	Years	<input type="text"/>
Flagger (Certified)	Months	<input type="text"/>	Years	<input type="text"/>
Roofer	Months	<input type="text"/>	Years	<input type="text"/>
General Laborer	Months	<input type="text"/>	Years	<input type="text"/>

Gaming & Hospitality

Auditor	Months	<input type="text"/>	Years	<input type="text"/>
Accounting	Months	<input type="text"/>	Years	<input type="text"/>
Cage Operations	Months	<input type="text"/>	Years	<input type="text"/>
Dealer	Months	<input type="text"/>	Years	<input type="text"/>
Front Desk	Months	<input type="text"/>	Years	<input type="text"/>
Housekeeping	Months	<input type="text"/>	Years	<input type="text"/>
Human Resources	Months	<input type="text"/>	Years	<input type="text"/>
Janitorial (EVS)	Months	<input type="text"/>	Years	<input type="text"/>
Maintenance	Months	<input type="text"/>	Years	<input type="text"/>
MIS	Months	<input type="text"/>	Years	<input type="text"/>
Purchasing/Receiving	Months	<input type="text"/>	Years	<input type="text"/>
Security Officer	Months	<input type="text"/>	Years	<input type="text"/>
Slots	Months	<input type="text"/>	Years	<input type="text"/>
Valet Driver	Months	<input type="text"/>	Years	<input type="text"/>

Food & Beverage Service

Banquets	Months	<input type="text"/>	Years	<input type="text"/>
Bartender	Months	<input type="text"/>	Years	<input type="text"/>
Busser	Months	<input type="text"/>	Years	<input type="text"/>
Cook	Months	<input type="text"/>	Years	<input type="text"/>
Host/Hostess	Months	<input type="text"/>	Years	<input type="text"/>
Point of Sales (Cashier)	Months	<input type="text"/>	Years	<input type="text"/>
Server	Months	<input type="text"/>	Years	<input type="text"/>
Steward	Months	<input type="text"/>	Years	<input type="text"/>

Employment History

NOTE: List your work history beginning with your present or most recent job. Attach additional sheets if necessary.

Employer: _____ Address: _____	From: <input type="text"/>
City: _____ State: _____ Zip: _____ Telephone: _____	To: <input type="text"/>
Supervisor: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Salary: <input type="text"/>
Duties/Skills/Equipment Used: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
Reason for leaving: _____	
Employer: _____ Address: _____	From: <input type="text"/>
City: _____ State: _____ Zip: _____ Telephone: _____	To: <input type="text"/>
Supervisor: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Salary: <input type="text"/>
Duties/Skills/Equipment Used: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
Reason for leaving: _____	
Employer: _____ Address: _____	From: <input type="text"/>
City: _____ State: _____ Zip: _____ Telephone: _____	To: <input type="text"/>
Supervisor: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Salary: <input type="text"/>
Duties/Skills/Equipment Used: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
Reason for leaving: _____	

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. This organization gives Indian Preference in Employment and Training in accordance with Title VII, section 703(1) of the Civil Rights Act and the Smith River Rancheria Tribal Employment Rights Ordinance. All TERO Referrals will be kept strictly confidential and the applicant may be subject to pre-screening as a condition of their employment.

Signature _____ Date _____

TO BE COMPLETED BY TERO STAFF

Date Received ____/____/____ Received By: _____

Application Complete: Yes ____ No ____ Items on file: Tribal ID Resume CDL Other Certifications: _____

Application incomplete notice sent ____/____/____ Date entered into Skills Bank ____/____/____