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: _____

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

TERO Office Use Only

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

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

_____ _____
TERO Signature Date

6/09, TERO, Application for Assistance, Darrell Moorehead