



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 _____