



Tolowa Dee-ni' Nation

140 Rowdy Creek Rd, Smith River, CA 95567-9525
Ph: (707) 487-9255 Fax: (707) 487-0930

Denise Richards-
Padgette
Chairperson

Jeri Lynn
Thompson
Vice Chairperson

Leann McCallum
Council Secretary

Dr. Joseph
Goivannetti
Treasurer

Marvin Richards
Sr.
Council Member

Kara Brundin-
Miller
Council Member

Cari Nelson
Council Member

Dear Applicant:

Enclosed you will find the 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
- Skills Bank Form

The *Application for Assistance* helps the TERO Office determine your eligibility for funds. It is important that you fill this form out completely. **Occupational Specialty: Shall mean the type of work being performed. An example would be moving from an office-type job to an outdoor/fieldwork position. A change from one office job to another shall not constitute a change in Occupational Specialty.**

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 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. After you receive the check you have 60 days to turn in receipts.

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

Sincerely,

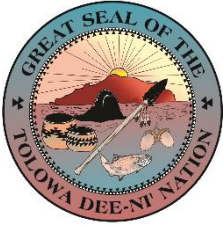
Zackary Chapman

Zackary Chapman

TERO Director

zackary.chapman@tolowa.com

(707) 487-9255, ext. 1165



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To whom it may concern,

TERO offers a Job Assistance Program. This program is available to all Tolowa Tribal members. The purpose of this program is to assist Tribal members who have a written acceptance proof employment along with a new job that is a **different** occupation than the one you currently have.

To qualify for continued employment assistance funds there is a requirement to provide receipts for job related purchases within 60 days from receiving assistance.

Continued funding will not be available if there is a failure to comply with the job assistance program requirements.

I _____, have read over these requirements and agree to turn in all my job related receipts within **60** days of receiving the assistance check, failure to comply could result in the denial of future funding. Your signature allows the departments to discuss information among the all departments and is also an authorization to contact current employer to verify employment.

Signature _____ Date _____

Thank you for your help,

Zackary Chapman

Zackary Chapman

TERO Director

707-487-9255 ex.1165



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: _____ Valid Driver's License Yes No Email address: _____

D.O.B (mm/dd/yyyy): _____ SSN: _____

Indian Preference

Are you a member of the Tolowa Dee-ni' Nation? 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

Does the new position have a different dress code? Yes No

What was your last job title? _____

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: _____

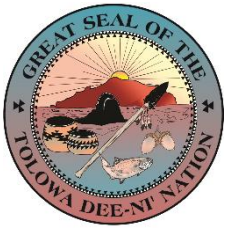
Signature _____ Date _____

TERO Office Use Only

Job offer/training enrollment verified: _____ Self-Sufficiency plan completed & signed: _____

TDN enrollment verified: _____ Date services rendered: _____

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

Name of the Company Offering the Position: _____

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 Dress Code (Professional, Casual, ext.): _____

Expected hours per week: _____

Contact person (print name) & title:

Contact phone number: _____

Signature of individual making job offer: _____

Date: _____

This section is for a new position offered and needs to be filed out completely with a valid phone number & valid contact person. Offer letter could be attached along with completely filling out the page.

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

The Title of the Training that is being requested for funding:

Training Location: _____

Training Provider: _____

Address: _____ City: _____

State: _____ Zip: _____

Contact person (print name) & title: _____

Will this training result in Job Placement: YES NO Furthering Current Career

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

Describe type of training(s) and amount of fees for training(s):

Required supplies and materials for the training(s):

Financial assistance offered to student by training provider:

Course number and/or

title: _____

Projected date to complete

training: _____

Completely fill out this page for all requesting trainings

Date Received ____/____/____

Received By: _____ **TERO Office Use Only**

Job training enrollment verified: _____

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.

Identify **financial** resources necessary for new job or training: (Example, \$250 for part time employment / \$300 for Microsoft Class)

Identify **material** resources necessary for new job or training: (Example, New black pants for employment / Books needed for class)

Individual Self-Sufficiency Information

How will TERO assistance meet your individual goals?:

How will TERO assistance meet the tribe's goals?:

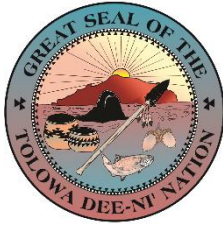
I certify that answers given herein are true and complete to the best of my knowledge. I give TERO/Human Resource permission to verify employment and education background as specified in the application

Signature _____ Date _____

This section is to be filled out completely about how the funding will help you as an individual along with how the Tribe will benefit from funding your request

TERO Office Use Only

TERO Signature: _____ Date: _____



TERO SKILLS BANK APPLICATION

Tribal Employment Rights Ordinance 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 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. Also, please submit copies of any certificates or licenses and/or resume you possess.

Date of Application _____ Telephone Number _____

Last Name _____ First Name _____ MI _____

Mailing Address _____ E-mail Address _____

City _____ State _____ Zip Code _____

Male ____ Female ____ Are you 17 or younger? Yes ____ No ____ Between 18 - 64? Yes ____ No ____

Are you a member of the Tolowa Dee-ni' Nation? Yes ____ No ____ Enrollment Number _____

Are you enrolled in another tribe? Yes ____ No ____ What tribe? _____ Enrollment Number _____

Are you eligible to be employed in the U.S.? Yes ____ No ____

Are you a Union Member? Yes ____ No ____ Apprentice _____

Union name and address _____

Do you have a Driver's License? Yes ____ No ____ State & Number _____ What class? A ____ B ____ C ____

Do you have a HS diploma? Yes ____ No ____ GED ____ Do you have a Technical Certificate or College Degree? Yes ____ No ____

Education (High School):

Name _____ City, _____ State _____ Year of Grad. _____

(College)

Name _____ City, _____ State _____ Year of Grad. _____

(Trade School)

Name _____ City, _____ State _____ Year Completed _____

Are there other Experiences, Licenses, Certificates, Skills, Volunteer Work or Qualifications, which you feel would qualify you to work for any of the Tolowa Dee-ni Nation's Enterprises?

Employment Desired – List job(s) you qualify for:

1) _____ 2) _____ 3) _____

Are you computer literate? Yes _____ No _____

List all programs used:

Word Processing _____

Spreadsheets _____

Data Bases _____

Graphics _____

Desktop Publishing _____

Other _____

What types of equipment do you have experience in using?

Office Equipment _____

Yard Equipment _____

Carpentry Equipment _____

Road Equipment _____

Other _____

Recent Employment: (If not applicable, list work performed on a volunteer basis or personal references).

(1) Employer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor _____ Dates Worked: From _____ To _____

Work Performed _____

(2) Employer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor _____ Dates Worked: From _____ To _____

Work Performed _____

(3) Employer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor _____ Dates Worked: From _____ To _____

Work Performed _____

I certify that the facts contained in this application are true and correct 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 Tolow Dee-ni Nation 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 _____/_____/_____