



TERO HIRING HALL APPLICATION

Tribal Employment Rights Office
 PO Box 306 Fort Hall, ID 83203
 Phone: (208) 478-3848
 Email: tero@sbtribes.com

Today's Date: _____

Instructions: This application will be maintained in the TERO Office for a period of the fiscal year. Please complete all sections of this application. Submit or attach the following documents:

- Tribal ID or Certificate of Indian Blood (CIB)
- Copies of any certificates or licenses that you possess
- Other documents that may verify eligibility for preference and job qualifications, such as Resume

APPLICANT					
Name:		Birth Date:		Last 4 of SSN XXX-XX-	
Mailing Address:		City:		State:	Zip:
Email Address:		Phone #:		Message #:	

Sex	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
Age	
<input type="checkbox"/>	Younger than 17
<input type="checkbox"/>	18 – 39
<input type="checkbox"/>	40 – 63
<input type="checkbox"/>	64 or older

Tribe			
Shoshone-Bannock			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enrollment #:			
Other			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tribe:			
Enrollment #:			

Resident of Reservation			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Head of Household			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Veteran			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Member of Union			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name & Local:			

Driver's License			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
State Issued:			
DL #:			
CDL			
State Issued:			
CDL #:			
Endorsements:			

**** If you are a member of a Tribe, you must provide documentation of Indian status to be eligible for Indian Preference ****

Non-Indian		Supporter of an Indian Family, please identify the name and Enrollment number				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name:	Tribe:	Enrollment Number:

Apprenticeship Program	Are you interested in the Apprenticeship Program?		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Employment Desired & Availability – List Job(s) you qualify for, see list below:								
1.		2.			3.			
Total Hours available per week		Are you legally able to be employed in the US?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From								
To								

CONSTRUCTION EXPERIENCE – MARK ONLY IF CERTIFIED OR HAVE 3+ YEARS OF EXPERIENCE					
<input type="checkbox"/>	Brick Laying	<input type="checkbox"/>	Glazier	<input type="checkbox"/>	Rigging
<input type="checkbox"/>	Carpentry – Commercial	<input type="checkbox"/>	Heavy Equipment Operator	<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Carpentry – Residential	<input type="checkbox"/>	HVAC Work	<input type="checkbox"/>	Sheet Metal Work
<input type="checkbox"/>	Concrete Finisher	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Surveying
<input type="checkbox"/>	Concrete Masonry	<input type="checkbox"/>	Iron Work	<input type="checkbox"/>	Traffic Control
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Truck Driving
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Pipe Fitting	<input type="checkbox"/>	Truck Driving – CDL
<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Plumbing – Residential	<input type="checkbox"/>	Truck Driving w/ Endorsements
<input type="checkbox"/>	Erecting	<input type="checkbox"/>	Plumbing – Commercial	<input type="checkbox"/>	Other:

Flooring Installation	Refrigeration	Other:
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CERTIFICATIONS/LICENSURES		
Food Handler	EMT	Aerial Lift
First Aid/CPR	CNA	Fork Lift
Haz-Mat	OSHA – 10	Fall Protection
Haz-Wopper	OSHA - 30	Other:

EDUCATION		
High School Diploma or GED		
Yes	Name:	
No	Address:	Phone:
College or Trade School		
Yes	Name:	
No	Address:	Phone:

RECENT EMPLOYMENT			
1. Employment History (If not applicable, list work performed on a volunteer basis or personal reference)			
Employer/Reference:		Phone:	
Mailing Address:		City:	State: Zip:
Position:	Dates Worked From:		To:
Work Performed:			
Reason for Leaving:			
2. Employment History (If not applicable, list work performed on a volunteer basis or personal reference)			
Employer/Reference:		Phone:	
Mailing Address:		City:	State: Zip:
Position:	Dates Worked From:		To:
Work Performed:			
Reason for Leaving:			
3. Employment History (If not applicable, list work performed on a volunteer basis or personal reference)			
Employer/Reference:		Phone:	
Mailing Address:		City:	State: Zip:
Position:	Dates Worked From:		To:
Work Performed:			
Reason for Leaving:			
4. Employment History (If not applicable, list work performed on a volunteer basis or personal reference)			
Employer/Reference:		Phone:	
Mailing Address:		City:	State: Zip:
Position:	Dates Worked From:		To:
Work Performed:			
Reason for Leaving:			

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have received a copy of the TERO Hiring Hall Procedures. I give TERO permission to verify employment and education background as specified in the application. All TERO Referrals may be subject to pre-screening as a condition of their employment.

Signature: _____ Date: _____

TO BE COMPLETED BY TERO STAFF	
Date Received: _____ / _____ / _____	Application Complete: _____ Yes / _____ No
Items on File: ___ Tribal ID ___ Resume ___ DL ___ CDL Other Certifications: _____	
Received By: _____	Date entered into Skills Bank: _____ / _____ / _____

