



## BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

52 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-4143

### Job Skills Application

(Please type or write legibly in blue or black ink)

The Bishop Indian Tribal Council is an Equal Opportunity Employer within the confines of the Indian Preference Act. The Tribal Employment Rights Ordinance (TERO) of the Bishop Paiute Tribe was established in 1992 to implement and enforce Indian Preference on the Reservation.

The Tribal Employment Rights Commission Board was established and shall have Regulatory Authority over employment practices necessary to implement the TERO Ordinance. A copy of the TERO Ordinance will be provided upon request.

Information provided on the Job Skills Application will be used for referral purposes to better match potential job seekers with possible jobs that may be suited or related to the desired field and or experience of the applicant.

**REQUIRED DOCUMENTS:**  Social Security Card  Tribal Verification / Valid ID  Valid Drivers License (if applicable)

**INDIVIDUALS MUST UPDATE THEIR JOB SKILLS APPLICATION EVERY SIX (6) MONTHS TO STAY ACTIVE FOR REFERRAL**

#### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Gender: Male  Female  DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a member of the Bishop Paiute Tribe? **(Must attach proof of enrollment)** Yes  No

Are you a member of another recognized Indian Tribe or Band? Yes  No

If yes, give name of Tribal affiliation: \_\_\_\_\_

**(Must attach proof of enrollment)**

If the job requires, do you have a valid Driver's License? **(Must attach proof)** Yes  No

Driver's License # \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

Are you willing to commute to work? If yes, how far? \_\_\_\_\_ Yes  No

Do you have available transportation to work? Yes  No

Would you accept employment out of town? If yes, how far? \_\_\_\_\_ Yes  No

Do you have any physical limitations that may impair your job performance? Yes  No

If yes, please explain: \_\_\_\_\_

If yes, please describe what can be done to accommodate your limitations: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No If yes, date of conviction: \_\_\_\_\_

What employment status do you prefer? Full-time  Part-time  Permanent  Temp

Date available to work  Currently employed? Yes  No

| EDUCATION  | NAME AND LOCATION OF SCHOOL | SUBJECTS STUDIED | DIPLOMA/GED/CERTIFICATE |
|--|-----------------------------|------------------|-------------------------|
| High School  |                             |                  |                         |
| College  |                             |                  |                         |
| Trade Business or Correspondence School                          |                             |                  |                         |
| Vocational Training, Apprenticeship Courses, Self-Study or Other |                             |                  |                         |

**EMPLOYMENT EXPERIENCE** *Please note:* (Start with your last employer or most recent position and DO NOT WRITE IN "REFER TO RESUME" or "SEE RESUME," etc.)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_ Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## SKILLS

Are you a union member? If yes, give union: Yes  No  \_\_\_\_\_

Please list skills, license or certificates that may be job-related or that would be beneficial to a worksite: \_\_\_\_\_

What office equipment/machines/software do you have experience operating? \_\_\_\_\_

| SKILL #1   | <i>(List skills you possess for each section, such as: Laborer, Equipment Operator, Maintenance, Goundskeeping, Clerical, etc.)</i> |   |  |  |  |
|--|---|---|--|--|--|
| Journeyman <input type="checkbox"/><br>Years/exp. ____   | Apprentice <input type="checkbox"/><br>Years/exp. ____  | Trainee <input type="checkbox"/><br>Years/exp. ____ | Helper <input type="checkbox"/><br>Years/exp. ____ | Other (explain) <input type="checkbox"/> |  |
| Do you have tools, clothing and other equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |  |  |  |
| Do you have a current craft license or certification if one is required for your craft? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |  |  |
| If yes, provide state, date of issue, expiration date and number: _____  |   |   |  |  |  |
| Work Performed: _____  |   |   |  |  |  |
| <b>Work Reference:</b> Name / Title _____ Business _____   |   |   |  |  |  |
| Address _____ Phone _____  |   |   |  |  |  |
| SKILL #2   |   |   |  |  |  |
| Journeyman <input type="checkbox"/><br>Years/exp. ____   | Apprentice <input type="checkbox"/><br>Years/exp. ____  | Trainee <input type="checkbox"/><br>Years/exp. ____ | Helper <input type="checkbox"/><br>Years/exp. ____ | Other (explain) <input type="checkbox"/> |  |
| Do you have tools, clothing and other equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |  |  |  |
| Do you have a current craft license or certification if one is required for your craft? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |  |  |
| If yes, provide state, date of issue, expiration date and number: _____  |   |   |  |  |  |
| Work Performed: _____  |   |   |  |  |  |
| <b>Work Reference:</b> Name / Title _____ Business _____   |   |   |  |  |  |
| Address _____ Phone _____  |   |   |  |  |  |
| SKILL #3   |   |   |  |  |  |
| Journeyman <input type="checkbox"/><br>Years/exp. ____   | Apprentice <input type="checkbox"/><br>Years/exp. ____  | Trainee <input type="checkbox"/><br>Years/exp. ____ | Helper <input type="checkbox"/><br>Years/exp. ____ | Other (explain) <input type="checkbox"/> |  |
| Do you have tools, clothing and other equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |  |  |  |
| Do you have a current craft license or certification if one is required for your craft? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |  |  |
| If yes, provide state, date of issue, expiration date and number: _____  |   |   |  |  |  |
| Work Performed: _____  |   |   |  |  |  |
| <b>Work Reference:</b> Name / Title _____ Business _____   |   |   |  |  |  |
| Address _____ Phone _____  |   |   |  |  |  |

|   |  |   |  |  |
|---|--|---|--|--|
| <b>SKILL #4</b>   |  |   |  |  |
| Journeyman <input type="checkbox"/><br>Years/exp. ____  | Apprentice <input type="checkbox"/><br>Years/exp. ____ | Trainee <input type="checkbox"/><br>Years/exp. ____ | Helper <input type="checkbox"/><br>Years/exp. ____ | Other (explain) <input type="checkbox"/> |
| <b>Do you have tools, clothing and other equipment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>Do you have a current craft license or certification if one is required for your craft? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, provide state, date of issue, expiration date and number: _____<br>Work Performed: _____<br>_____ |  |   |  |  |
| <b>Work Reference:</b> Name / Title _____   |  | Business _____                                      |  |  |
| Address _____   |  | Phone _____   |  |  |
| <b>#5 SKILL</b>   |  |   |  |  |
| Journeyman <input type="checkbox"/><br>Years/exp. ____  | Apprentice <input type="checkbox"/><br>Years/exp. ____ | Trainee <input type="checkbox"/><br>Years/exp. ____ | Helper <input type="checkbox"/><br>Years/exp. ____ | Other (explain) <input type="checkbox"/> |
| <b>Do you have tools, clothing and other equipment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>Do you have a current craft license or certification if one is required for your craft? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, provide state, date of issue, expiration date and number: _____<br>Work Performed: _____<br>_____ |  |   |  |  |
| <b>Work Reference:</b> Name / Title _____   |  | Business _____                                      |  |  |
| Address _____   |  | Phone _____   |  |  |

**IN CASE OF EMERGENCY NOTIFY:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE #

I certify that facts contained in this form are true and correct to the best of my knowledge. I authorize investigation of all statements and give permission to the TERO Office when referring my name, qualifications and personal information to any employer for the possible recruitment of employment and or throughout my job search.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE