



BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 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 <input type="checkbox"/>	Female <input type="checkbox"/>	DOB: _____ Social Security Number: _____
Are you a member of the Bishop Paiute Tribe?	(Must attach proof of enrollment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of another recognized Indian Tribe or Band?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Driver's License #	_____	Type	_____ State _____
Are you willing to commute to work? If yes, how far?	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have available transportation to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you accept employment out of town? If yes, how far?	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any physical limitations that may impair your job performance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:	_____		
If yes, please describe what can be done to accommodate your limitations:	_____		
Have you ever been convicted of a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of conviction:	_____
What employment status do you prefer?	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/> Temp <input type="checkbox"/>
Date available to work	<input type="text"/>	Currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

APPLICATION MUST BE FULLY COMPLETED TO BE PROCESSED

(REV 03/11)

EDUCATION and/or TRAINING

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	DIPLOMA/CERTIFICATE DEGREE
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"/> Years/exp. ____	Apprentice <input type="checkbox"/> Years/exp. ____	Trainee <input type="checkbox"/> Years/exp. ____	Helper <input type="checkbox"/> 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: _____					
Work Reference: Name / Title _____ Business _____					
Address _____			Phone _____		
SKILL #2					
Journeyman <input type="checkbox"/> Years/exp. ____	Apprentice <input type="checkbox"/> Years/exp. ____	Trainee <input type="checkbox"/> Years/exp. ____	Helper <input type="checkbox"/> 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: _____					
Work Reference: Name / Title _____ Business _____					
Address _____			Phone _____		
SKILL #3					
Journeyman <input type="checkbox"/> Years/exp. ____	Apprentice <input type="checkbox"/> Years/exp. ____	Trainee <input type="checkbox"/> Years/exp. ____	Helper <input type="checkbox"/> 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: _____					
Work Reference: Name / Title _____ Business _____					
Address _____			Phone _____		

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SKILL #4				
Journeyman <input type="checkbox"/> Years/exp. ____	Apprentice <input type="checkbox"/> Years/exp. ____	Trainee <input type="checkbox"/> Years/exp. ____	Helper <input type="checkbox"/> 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: _____ _____				
Work Reference: Name / Title _____		Business _____		
Address _____		Phone _____		
#5 SKILL				
Journeyman <input type="checkbox"/> Years/exp. ____	Apprentice <input type="checkbox"/> Years/exp. ____	Trainee <input type="checkbox"/> Years/exp. ____	Helper <input type="checkbox"/> 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: _____ _____				
Work Reference: 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

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