



## 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?	<b>(Must attach proof of enrollment)</b>		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:	_____		
<b>(Must attach proof of enrollment)</b>			
If the job requires, do you have a valid Driver's License?	<b>(Must attach proof)</b>		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"/>

**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? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Do you have a current craft license or certification if one is required for your craft? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
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"/> 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? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Do you have a current craft license or certification if one is required for your craft? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
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"/> 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? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Do you have a current craft license or certification if one is required for your craft? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
If yes, provide state, date of issue, expiration date and number: _____					
Work Performed: _____					
<b>Work Reference:</b> Name / Title _____ Business _____					
Address _____ Phone _____					

**APPLICATION MUST BE FULLY COMPLETED TO BE PROCESSED**

(REV 03/11)

<b>SKILL #4</b>				
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"/>
<b>Do you have tools, clothing and other equipment?</b> 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>#5 SKILL</b>				
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"/>
<b>Do you have tools, clothing and other equipment?</b> 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 _____		

**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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(REV 03/11)