



# Bishop Tribal Employment Rights Office

## Job Skills Bank Application

Information provided on this 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.

**INDIVIDUALS MUST UPDATE THEIR JOB SKILLS APPLICATION EVERY SIX (6) MONTHS OR WHEN ANY INFORMATION LISTED HAS CHANGED TO STAY ACTIVE FOR REFERRAL.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ D.O. B: \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_ Email: \_\_\_\_\_

**Check the box, Tribal Indian Preference Tier, in order of preference:**

- Bishop Paiute Tribal member
- Spouse or domestic partner of a Bishop Paiute Tribal member parent of a Tribal Member dependent child, or current legal guardian of a Tribal Member dependent child (with proper letter of temporary or permanent legal guardianship from a court)
- Indian from a Federally recognized Tribe
- Indian from a Non-Federally recognized organized Tribe, or lineal descendant of someone listed on the California Judgement Rolls
- Non-Indian

Please provide a copy of the following:

**Valid CA Driver's License or Valid CA I.D, Tribal Verification, Social Security Card, and any proof of training completions etc.**

I am qualified to be referred for the following:

**Fill in the circle that applies and list the years/months for each skill:**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Carpenter _____                            | <input type="radio"/> Maintenance Worker _____    | <input type="radio"/> Plumber/Pipe Worker _____                  |
| <input type="radio"/> Electrician _____                          | <input type="radio"/> Flooring _____              | <input type="radio"/> Concrete _____                             |
| <input type="radio"/> Laborer _____                              | <input type="radio"/> Dry Waller _____            | <input type="radio"/> Housekeeper/Janitor _____                  |
| <input type="radio"/> Asphalt worker _____                       | <input type="radio"/> Brick/Rock (Masonry) _____  | <input type="radio"/> Insulation worker _____                    |
| <input type="radio"/> Landscaper _____                           | <input type="radio"/> Cook/prep cook _____        | <input type="radio"/> Caretaker/Babysitter/Child Care Pro. _____ |
| <input type="radio"/> Painter _____                              | <input type="radio"/> Bookkeeper/Accounting _____ | <input type="radio"/> Solar Panel Installer _____                |
| <input type="radio"/> Clerical/Receptionist/Admin. Assist. _____ | <input type="radio"/> Stucco Worker _____         | <input type="radio"/> Fire Fighting _____                        |
| <input type="radio"/> Cashier _____                              | <input type="radio"/> Framer _____                | <input type="radio"/> Mechanic _____                             |
| <input type="radio"/> Security Guard/Police _____                | <input type="radio"/> Heavy Equipment Op. _____   | <input type="radio"/> Roofer _____                               |
| <input type="radio"/> HVAC _____                                 | <input type="radio"/> Construction worker _____   | <input type="radio"/> Tutor/Teacher _____                        |
| <input type="radio"/> Groundskeeper _____                        | <input type="radio"/> Cultural Monitor _____      | <input type="radio"/> Welder _____                               |
|  | <input type="radio"/> Flagger _____               | <input type="radio"/> Tile Installer _____                       |
|  |   | <input type="radio"/> Other _____                                |

List any skills, certificates, licenses etc.:

\_\_\_\_\_.

List the type of Heavy Equipment you are certified to operate:

\_\_\_\_\_.

List trainings you would be interested in:

\_\_\_\_\_.

Do you need cover letter/resume assistance Yes No?

Work History Related to Skills:

Employer/Supervisor: \_\_\_\_\_ Phone #/Address: \_\_\_\_\_ Duration of  
Job/Title: \_\_\_\_\_ Reason for Job Ending: \_\_\_\_\_.

Employer/Supervisor: \_\_\_\_\_ Phone #/Address: \_\_\_\_\_ Duration of  
Job/Title: \_\_\_\_\_ Reason for Job Ending: \_\_\_\_\_.

Employer/Supervisor: \_\_\_\_\_ Phone #/Address: \_\_\_\_\_ Duration of  
Job/Title: \_\_\_\_\_ Reason for Job Ending: \_\_\_\_\_.

- Do you have your own transportation? Yes No
- Are you willing to travel and how far? Yes No \_\_\_\_\_ miles?
- Do you have any physical limitations? Yes No, if yes explain \_\_\_\_\_.
- Have you been convicted of a Felony? Yes No, if yes explain \_\_\_\_\_.

Emergency Contact (Name/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 and throughout my job search.

Signature \_\_\_\_\_ Date \_\_\_\_\_