



BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

Job Skills Application

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

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.

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

Tribal Preference Tier, check a box if you are claiming Indian preference:

Bishop Paiute Tribal member Yes No

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) Yes No

Indian from a Federally recognized Tribe Yes No

Indian from a Non-Federally recognized organized Tribe, or lineal descendant of someone listed on the California Judgement Rolls Yes No

INDIVIDUALS MUST UPDATE JOB SKILLS APPLICATION EVERY THREE (3) MONTHS TO STAY ACTIVE FOR REFERRAL AND CONTACT INFORMATION NEEDS TO BE UPDATED IF CHANGED WITHIN THE 3 MONTHS OF THIS APPLICATION.

PERSONAL INFORMATION

Name _____		Date _____	
(Last) (First) (MI)			
Mailing Address _____			
(Street) (City) (State) (Zip Code)			
Phone () _____	Message Phone () _____	Email _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB: _____	Social Security Number: _____	
Do you have a valid Driver's License? <i>(Must attach proof)</i>		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"/>
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 style="width: 150px; height: 20px;" type="text"/>	Currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

APPLICATION MUST BE FULLY COMPLETED TO BE PROCESSED

(REV 05/10)

EDUCATION

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 _____ Job Title: _____

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 Address: _____ City/State/Zip Code: _____
 Dates Employed: From _____ To _____ Job Title: _____

TRAININGS

Have you attended any TERO Trainings: Yes No If yes, please list the trainings: _____

PLEASE LIST ANY TRAININGS YOU ARE INTERESTED IN THAT WILL ASSIST YOU WITH EMPLOYMENT:	
1.	2.
3.	4.

Did any of the TERO trainings benefit you with your current or previous employment? Yes No Please specify: _____

SKILLS

Please check the box if you have any of the following skills below, provide duration of job (how many months/years you utilized these skills), employer or reference name and contact information must be provided for each skill.

Carpenter _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Maintenance Worker _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Electrician _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Housekeeper/Janitor _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Laborer _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Cashier _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Landscaper/Groundskeeper _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Clerical/Receptionist _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Painter _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Administrative Assistant _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Dry Waller _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Bookkeeper/Accounting _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Concrete _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Cook/Prep Cook _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Flooring _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Caretaker/Child Care _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Flagger _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Teacher/Teacher Aide _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Heavy Equipment Operator _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Tutor _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Other: _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

Other: _____ Months/Years
Employer/Reference Name: _____
Phone Number: _____

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List any licenses or certificates you have received: _____

Are you certified to operate Heavy Equipment? Yes No Type of equipment: _____

What office equipment and computer programs are you familiar with (copier, fax machine, MS Word & Excel, MS Outlook, etc.)?

Are you a union member? Yes No If yes, provide the name of the union: _____

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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

Please sign below if you are confirming there are no updates/changes to your application within in the time frame below:

3-month review: _____ Date: _____
Applicant Signature

6-month review: _____ Date: _____
Applicant Signature

A new application will need to be submitted after the time frames above have been exceeded. Thank you.