



## 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 type="text"/>	Currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(REV 06/23)

**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: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 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 (months/years), employer or reference name and contact information.**

**Carpenter** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Maintenance Worker** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Electrician** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Housekeeper/Janitor** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Laborer** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Cashier** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Landscaper/Groundskeeper** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Clerical/Receptionist** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Painter** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Administrative Assistant** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Dry Waller** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Bookkeeper/Accounting** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Concrete** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Cook/Prep Cook** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Flooring** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Caretaker/Child Care** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Flagger** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Teacher/Teacher Aide** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Heavy Equipment Operator** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Tutor** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Other:** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Other:** \_\_\_\_\_ Month/Year  
Employer/Reference Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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.