



Referral Application

Tribal Employment Rights Office
 2665 Kwina Rd Bellingham WA 98226
 Phone: (360) 312-2287

- | |
|--|
| <input type="checkbox"/> New Client Registration |
| <input type="checkbox"/> Update Registration |
| <input type="checkbox"/> Re-Licensing Program |

PLEASE TYPE OR PRINT. This application will be maintained in the TERO Office for a period of **one year**. You will be required to **update every January. NO EXCEPTIONS!**

DATE:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:		
City, State & Zip:		
Email:		Contact Phone:
Date of Birth:		Msg Phone:
Current Age:	Social Security Number:	

Are you enrolled in a Federally Recognized Tribe?	Yes No	If YES, <u>what tribe</u> and <u>enrollment number</u> ?	
Are you a spouse or guardian of a Lummi Tribal member?	Yes No	If YES, names and enrollment numbers?	
Are you a military veteran?	Yes No	Are you a fisherman/Crabber?	Yes No
Do you have a flagging card? Expiration Date:	Yes No	How many months out of the year?:	
Are you a Union Member?	Yes No	Do you have flagging experience?	Yes No
Do you have a Valid Driver's License?	Yes No	Would you consider joining a union?	Yes No
Do you have a CDL?	Yes No	Do you have vehicle insurance?	Yes No
		CDL Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Days willing to work: (check all that apply)			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Willing to work off-reservation?	Yes No	Willing to work overtime?	Yes No
Consent to drug/urinalysis test?	Yes No	Willing to work holidays?	Yes No
Willing to work short time?	Yes No	Can work with no supervision?	Yes No
Interested in:			
<input type="checkbox"/> Part-time Temp <input type="checkbox"/> Full-time Temp <input type="checkbox"/> Part-time Permanent <input type="checkbox"/> Full-time Permanent			

Any barriers to your employment? (check all that apply)	
<input type="checkbox"/> Currently homeless	<input type="checkbox"/> No dependable transportation
<input type="checkbox"/> Disability	<input type="checkbox"/> No high school diploma/GED
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Limited reading skills
<input type="checkbox"/> Ex-offender	<input type="checkbox"/> Limited math skills
<input type="checkbox"/> Need Child Care	<input type="checkbox"/> Other:

EDUCATION AND TRAINING

	Name and location of school:	Did you graduate?	List Major or Subject studied:
High School		Yes No	
College		Yes No	
Trade, Business or Correspondence		Yes No	

EMPLOYMENT HISTORY

Please list present to past, providing work history for the last 5 years.

Name of Company	Position and Duties	Rate of Pay	Phone Number & Supervisors Name	Employed From - To

REFERENCES

Must list 3 references that can be contacted for verification. (Former and current employers, business associates that can verify your work practices and abilities.

Name	Title	Company	Phone Number/Email

ARE YOU EXPERIENCED WITH ANY OF THE FOLLOWING TOOLS? (PLEASE EXPLAIN)

Skill Saw	Yes	No	_____	Laser Levels	Yes	No	_____
Hand Drill	Yes	No	_____	Saber Saw/Jigsaw	Yes	No	_____
Drywall Gun	Yes	No	_____	Router Saw	Yes	No	_____
Mudding Gun	Yes	No	_____	Band Saw	Yes	No	_____
Chop Saw	Yes	No	_____	Drill Saw	Yes	No	_____
Table Saw	Yes	No	_____	Hand Compactors	Yes	No	_____
Air Compressor	Yes	No	_____	Concrete Cutter	Yes	No	_____
Paint Compressor	Yes	No	_____	Jack Hammer	Yes	No	_____
Bench Grinder	Yes	No	_____	Measuring wheel	Yes	No	_____
Palm Sander	Yes	No	_____	Lathe	Yes	No	_____

HEAVY EQUIPMENT EXPERIENCE

Equipment Type	Experience in Months	Equipment Type	Experience in Months
Bulldozer		Backhoe	
Loader		Excavator	
Grader		Compactor	
Paver		Crane	
Forklift		Other:	

CONSTRUCTION TRADE EXPERIENCE

<u>Job Type</u>	<u>Experience in Months</u>	<u>Own Tools and Gear</u>		<u>Need Training?</u>	
Carpenter (General)	_____	Yes	No	Yes	No
Cement Mason	_____	Yes	No	Yes	No
Confined Space	_____	Yes	No	Yes	No
Drywall	_____	Yes	No	Yes	No
Electrician (Apprentice)	_____	Yes	No	Yes	No
Electrician (Certified)	_____	Yes	No	Yes	No
Electrician (Journeyman)	_____	Yes	No	Yes	No
Flagger	_____	Yes	No	Yes	No
Flooring (Carpet)	_____	Yes	No	Yes	No
Flooring (Linoleum)	_____	Yes	No	Yes	No
Flooring (Tile)	_____	Yes	No	Yes	No
Haz-Mat	_____	Yes	No	Yes	No
HVAC	_____	Yes	No	Yes	No
Insulation	_____	Yes	No	Yes	No
Ironworker	_____	Yes	No	Yes	No
Laborer	_____	Yes	No	Yes	No
Mechanic (Auto)	_____	Yes	No	Yes	No
Mechanic (Diesel)	_____	Yes	No	Yes	No
Painter	_____	Yes	No	Yes	No
Plumber (Apprentice)	_____	Yes	No	Yes	No
Plumber (Journeyman)	_____	Yes	No	Yes	No
Plumber (Licensed)	_____	Yes	No	Yes	No
Plumber (Helper)	_____	Yes	No	Yes	No
Roofer	_____	Yes	No	Yes	No
Welder	_____	Yes	No	Yes	No
Truck Driver – CDL	_____	Yes	No	Yes	No
Other	_____	Yes	No	Yes	No

I understand that it is my responsibility to update my application every January and keep in regular contact with the TERO office to remain in “available to work” status. I certify, to the best of my knowledge, the information stated is true, correct, complete and made in good faith. I understand that this application is not intended to be a contract of employment, nor concerning my employment, education, and military history listed on this application.

Applicant Signature: _____ **Date:** _____

For Office use only:

Date Received: _____ Received by: _____ Date entered into Database: _____

Circle one: **New Client** **Client Update** **Relicense Program**