

# Referral Application

**Tribal Employment Rights Office**  
 2616 Kwina Rd Bellingham WA 98226  
 Phone: (360)-312-2245 Fax: (360)-380-6990

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| <input type="checkbox"/> New Client Registration<br><input type="checkbox"/> Update Registration<br><input type="checkbox"/> Re-Licensing Program<br><input type="checkbox"/> Temp Service |
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**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!**

<b>DATE:</b>	<b>Name (Last, First, Middle):</b>	Other names under which you have attended school or been employed:	
<b>Street Address:</b>		<b>City, State &amp; Zip:</b>	
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you enrolled in a Federally Recognized Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, <b>what tribe and enrollment number?</b>	
Are you a spouse of a Lummi Tribal member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, spouse name and enrollment number?	
Do you have a flagging card? Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Resume and Cover letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a CDL? What Class? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
If required for position, do you have a valid WA driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, license #, and expiration date:	
What days are you willing to work? Check all that apply: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> Are you willing to work out of town? <input type="checkbox"/> Are you willing to work overtime? <input type="checkbox"/> Will you consent to take a drug/alcohol urinalysis test? <input type="checkbox"/> Do you have reliable transportation? <input type="checkbox"/> Are you willing to work short time? <input type="checkbox"/> Are you able to work with no supervision?			
What type of schedule are you willing to work? <input type="checkbox"/> PT Temp <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> FT Perm			

## EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**Your Experience. Please fill out the best you can.**

<b>Equipment Operator?</b>
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Equipment Type	Experience (months)
Backhoe	
Bulldozer	
Forklift	
Grader	
Crane	
Other	

<u>Job Type</u>	<u>Experience (Months)</u>	<u>Own Tools? Y/N</u>	<u>Want Training? Y/N</u>
Carpenter (General)			
Cement Mason			
Confined Space			
Drywall			
Electrician (Apprentice)			
Electrician (Certified)			
Electrician (Journeyman)			
Flagger			
Flooring (Carpet)			
Flooring (Linoleum)			
Flooring (Tile)			
Haz-Mat			
HVAC			
Insulation			
Ironworker			
Laborer			
Mechanic (Auto)			
Mechanic (Diesel)			
Painter			
Plumber (Apprentice)			
Plumber (Journeyman)			
Plumber (Licensed)			
Plumber (Helper)			
Roofer			
Welder			
Truck Driver – CDL			
Other			

**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 to 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**      **Temp Service**      **Client Update**      **Relicense Program**