

Coeur d'Alene T.E.R.O. – Job Bank Application
850 A Street, P.O. Box 408
Plummer, ID 83851-0408

(208) 686-6107 - T.E.R.O. Director
(208) 686-7021 - T.E.R.O. Assistant/Dispatch Officer
(208) 686-0734 - Office Fax

THE COEUR D'ALENE T.E.R.O. IS AN INDIAN PREFERENCE EMPLOYER

Name: _____ **Sex:** Male / Female
LAST FIRST MI Please Circle

Mailing Address: _____
P.O. BOX CITY STATE ZIP CODE

Phone #: _____ **Cell # or Msg. #:** _____ **SS#:** _____

Are you an enrolled member of a Federally Recognized Tribe? YES NO

Tribe Enrolled: _____ **Enrollment #:** _____

Is your spouse enrolled or are you a descendant of a Coeur d'Alene Tribal member? YES NO

Their name and Enrollment #: _____

Are you a citizen of the U.S.? YES NO **Date of Birth** ___/___/___

Employment Desired:

Position(s): _____ **Date Available:** _____ **Salary Desired:** _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you Military Veteran? YES NO

Do you have a VALID Driver's License? *(Please provide a legible copy)* YES NO

Do you have a CDL License? *(Please provide a legible copy)* YES NO

Do you have a current 1st Aid/CPR Card? *(Please provide a legible copy)* YES NO

Do you have a current Flagger's Card? *(Please provide a legible copy)* YES NO

Do you have DEPENDABLE transportation? YES NO

Do you have any physical limitations? YES NO

If yes, please describe your limitations? _____

Please provide the names of three (3) persons, NOT RELATED to you, whom you have known for at least one (1) year:

NAME: _____ PHONE NUMBER: _____ YEARS KNOWN: _____

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NAME: _____ PHONE NUMBER: _____ YEARS KNOWN: _____

PLEASE DON'T FORGET TO COMPLETE BACK OF APPLICATION SIGN & DATE

THIS SPACE FOR OFFICIAL USE ONLY:

PLEASE FILL IN THE TOTAL MONTHS (MOS) OR YEARS (YRS) THAT YOU HAVE WORKED IN EACH FIELD

A. EQUIPMENT OPERATOR

DOZER MOS () YRS ()
LOADER MOS () YRS ()
SCRAPER MOS () YRS ()
CRANE MOS () YRS ()
OILER MOS () YRS ()
DRILLER MOS () YRS ()
BLADE MOS () YRS ()
ROLLER MOS () YRS ()
BACKHOE MOS () YRS ()
COMBINE MOS () YRS ()
TRACTOR MOS () YRS ()
TRUCK DR. MOS () YRS ()
SURVEYOR MOS () YRS ()
OTHER: _____ MOS () YRS ()

B. LABORER MOS () YRS ()

C. FLAGGER MOS () YRS ()
TCS MOS () YRS ()
TCM MOS () YRS ()

D. BUILDING TRADES

CARPENTER MOS () YRS ()
FRAMER MOS () YRS ()
PLUMBER MOS () YRS ()
ELECTRICIAN MOS () YRS ()
PAINTER MOS () YRS ()
CEMENT MASON MOS () YRS ()
FLOORING MOS () YRS ()
INSULATION MOS () YRS ()
IRON WORKER MOS () YRS ()

WELDER MOS () YRS ()
MECHANIC MOS () YRS ()
OTHER: _____ MOS () YRS ()

E. CLERICAL

WORD PROCESS MOS () YRS ()
DATA PROCESS MOS () YRS ()
BOOK KEEPER MOS () YRS ()
RECEPTIONIST MOS () YRS ()
TYPIST/WPM: _____ MOS () YRS ()
FILING MOS () YRS ()
SHORTHAND/WPR: _____ MOS () YRS ()
OTHER: _____ MOS () YRS ()

F. FORESTRY

SAWYER MOS () YRS ()
SCALER MOS () YRS ()
THINNER MOS () YRS ()
PLANTER MOS () YRS ()
FORESTRY AID MOS () YRS ()
OTHER: _____ MOS () YRS ()

G. FOOD SERVICE

COOK MOS () YRS ()
WAITRESS MOS () YRS ()
OTHER: _____ MOS () YRS ()

H. PROFESSIONAL SERVICES

TEACHER MOS () YRS ()
HOME HEALTH CARE MOS () YRS ()
COUNSELOR MOS () YRS ()
OTHER: _____ MOS () YRS ()

OTHER EXPERIENCE OR SPECIAL SKILLS: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR MISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT ON MY WAGES AND SALARY, BE TERMINATED AT ANY TIME. I UNDERSTAND THAT I MUST HAVE A CURRENT CDA JOB BANK APPLICATION ON FILE AND SIGN IN ON THE T.E.R.O. JOB BANK LIST ON A WEEKLY BASIS, REGARDLESS IF I AM EMPLOYED OR NOT IN ORDER TO REAMIN ACITVE. I UNDERSTAND THAT MY APPLICATION IS KEPT ON FILE FOR ONE (1) YEAR FROM THE DATE THAT I SIGN THIS APPLICATION. I AM SUBJECT TO THE COEUR D' ALENE TRIBAL LAW AND ORDER CODE, CHAPTER 41: T.E.R.O.

SIGNATURE OF APPLICANT: _____

DATE: _____

In Case of Emergency, Please Notify: _____
NAME: _____ PHONE #: _____