

Confederated Tribes of Grand Ronde



TERO SKILLS BANK APPLICATION

Tribal Employment Rights Office

9615 Grand Ronde Road
Grand Ronde, OR 97347
Phone: (503) 879-2188
Fax: (503) 879-2166

The Information provided on the Job Skills Bank Application will assist the Tribal Employment Rights Office in matching qualified Grand Ronde Tribal members and other Native Americans with employment placement opportunities based on an assessment of your skills and experience provided in this application. Please ensure the application is complete and legible. This Application does not replace the Human Resources application for internal employment opportunities.

Applicant information					
Last Name:	First:	MI	Social Security Number xxx-xx-_____	18 or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	21 or Older <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:			City:	State:	Zip:
Home Phone No:	Cell Phone No:	E-mail Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Tribal Affiliation:		Enrollment No: _____		Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue: _____	
<i>We ask that you provide a copy of tribal ID or letter from Enrollment Officer</i>					
Reliable Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education:					
<input type="checkbox"/> High School <input type="checkbox"/> GED Year Earned _____		<input type="checkbox"/> College Credits earned _____		<input type="checkbox"/> Semester Major _____ <input type="checkbox"/> Quarter Degree _____	
Ever serve in the U.S. Military?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Served: From: _____ To: _____ Rank at Discharge: _____	

IF CLAIMING VETERAN STATUS PLEASE PROVIDE COPY OF DD 214

Skills and Qualifications	
Please indicate what type of work you are qualified to perform in order of experience :	
1. _____ 2. _____ 3. _____	
List all education and/or training either formal or informal:	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
List other skills, certifications, qualifications:	
Current or past Tribal program participation:	
<input type="checkbox"/> 477	<input type="checkbox"/> Vocational Rehabilitation Program
<input type="checkbox"/> Adult Basic Education	
Do you have CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current flagging card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flagging Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tools required for certain trades? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what tools required by your trade do you need? _____

Experience

Employment History (most recent employer first):

Current or Last Employer: _____ Address _____
Street City State

Supervisor Name and Title _____ Ph. No. _____ Job Title: _____

Dates of employment: _____ Start End Reason for Leaving: _____ May we contact? _____

Describe job responsibilities:

Employment History (next previous employer):

Current or Last Employer: _____ Address _____
Street City State

Supervisor Name and Title _____ Ph. No. _____ Job Title: _____

Dates of employment: _____ Start End Reason for Leaving: _____ May we contact? _____

Describe job responsibilities:

Employment History (next previous employer):

Current or Last Employer: _____ Address _____
Street City State

Supervisor Name and Title _____ Ph. No. _____ Job Title: _____

Dates of employment: _____ Start End Reason for Leaving: _____ May we contact? _____

Describe job responsibilities:

Employment History (most recent employer first):

Current or Last Employer: _____ Address _____
Street City State

Supervisor Name and Title _____ Ph. No. _____ Job Title: _____

Dates of employment: _____ Start End Reason for Leaving: _____ May we contact? _____

Describe job responsibilities:

What areas are you willing to work (check all that apply)?

- Grand Ronde Polk / Yamhill Co. Portland Metro Area Salem Area 30 miles from home 60 miles from home

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

EQUIPMENT OPERATOR

Asphalt Paver	MOS []	YRS []
Back Hoe	MOS []	YRS []
Bulldozer	MOS []	YRS []
Crane	MOS []	YRS []
Dump Truck	MOS []	YRS []
Excavator	MOS []	YRS []
Forklift	MOS []	YRS []
Front Shovel	MOS []	YRS []
Grader	MOS []	YRS []
Loader	MOS []	YRS []
Pile Driver	MOS []	YRS []
Roller	MOS []	YRS []
Scraper	MOS []	YRS []
Screed Operator	MOS []	YRS []
Skidder	MOS []	YRS []
Tractor	MOS []	YRS []
Truck Driver	MOS []	YRS []
Other:		
Flagger	MOS []	YRS []
Laborer	MOS []	YRS []
Logging	MOS []	YRS []
Mill Worker	MOS []	YRS []
Surveyor	MOS []	YRS []
Traffic Control	MOS []	YRS []
Supervisor		
Warehouseman	MOS []	YRS []
Clerical	MOS []	YRS []

Gaming/Hospitality

Auditor	MOS []	YRS []
Accounting	MOS []	YRS []
Cage Operations	MOS []	YRS []
Dealer	MOS []	YRS []
Front Desk	MOS []	YRS []
Human Resources	MOS []	YRS []
Maintenance	MOS []	YRS []
Purchasing/Receiving	MOS []	YRS []
Security Officer	MOS []	YRS []
Slots	MOS []	YRS []
Valet Driver	MOS []	YRS []
IS/IT	MOS []	YRS []
Janitorial/	MOS []	YRS []
Housekeeping		

BUILDING TRADES:

Brick and Stone Mason	MOS []	YRS []
Bridge	MOS []	YRS []
Cabinet Installer	MOS []	YRS []
Carpenter	MOS []	YRS []
Cement Mason	MOS []	YRS []
Cement Form Setter	MOS []	YRS []
Cement Finisher	MOS []	YRS []
Concrete Cutting	MOS []	YRS []
Drywall	MOS []	YRS []
Electrician	MOS []	YRS []
Fence Builder	MOS []	YRS []
Finish Carpenter	MOS []	YRS []
Fire Protection	MOS []	YRS []
Flooring	MOS []	YRS []
Framer	MOS []	YRS []
HVAC	MOS []	YRS []
Insulation	MOS []	YRS []
Iron Worker		
Landscaping	MOS []	YRS []
Mechanic	MOS []	YRS []
Painter	MOS []	YRS []
Painting	MOS []	YRS []
Pipe Laying	MOS []	YRS []
Plumbing		
Roofing	MOS []	YRS []
Sheet Metal Worker	MOS []	YRS []
Welder	MOS []	YRS []

Food/Beverage Service:

Banquets	MOS []	YRS []
Bartender	MOS []	YRS []
Busser	MOS []	YRS []
Cook	MOS []	YRS []
Cashier	MOS []	YRS []
Server	MOS []	YRS []



Training Interests:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Building Trades Apprentice | <input type="checkbox"/> Commercial Cooking | <input type="checkbox"/> Food Service | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Gaming Dealer | <input type="checkbox"/> Security Officer |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Construction | <input type="checkbox"/> Gaming Technician | <input type="checkbox"/> Welding/Metal Worker |
| <input type="checkbox"/> CDL Driver | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Cement Mason | <input type="checkbox"/> Electrician | <input type="checkbox"/> Hospitality | |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> HVAC | |
| <input type="checkbox"/> Commercial Baking | <input type="checkbox"/> Flagging | <input type="checkbox"/> Landscaping | |

How would you prefer to be contacted for upcoming trainings?

- E-Mail
- Telephone
- Mail

Authorization For Release of Information

To Our CTGR Clients: We can better serve you if we are able to work with other Tribal entities that know you. By signing this form, you are giving permission for us to share information with these organizations. You may cancel this authorization at any time but understand that cancellation will not affect any information released prior to cancellation. Cancellation must be in writing. Information about your case is confidential and is protected by State and Federal Law.

Name: _____ Tribal ID # : _____

- | | |
|--|--|
| <input type="checkbox"/> 477/ Voc Rehab | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Other (Specify) |

Signature _____ Date _____



PLEASE READ CAREFULLY BEFORE SIGNING

The Information provided on the Job Skills Bank Application will assist the Tribal Employment Rights Office in matching qualified Grand Ronde Tribal members and other Native Americans with placement opportunities based on an assessment of your skills and experience. Applying with TERO will not affect your employment status with either Tribal Government or Spirit Mountain Gaming Inc.

The Grand Ronde Tribe Tribal Employment Rights Office (TERO) is not responsible for submitting your application for positions that are being recruited by either Tribal Government, Spirit Mountain Gaming Inc., or other Tribal enterprises. Please contact the appropriate Human Resources representatives for applications and other information regarding the application process for these positions.

Information provided in your application will be entered into the TERO skills database and used to match your education, skills, training, and experience to available TERO positions. Receipt of your application does not imply or guarantee that you will be employed. In addition to being eligible for employment opportunities that you may be qualified for, your application and entry into the TERO database will provide you opportunities to be notified and be considered for training and any other developmental resources that TERO may make available in the future

I hereby affirm that all answers and statements contained in this application are true and complete to the best of my knowledge. I authorize TERO to verify any statements made in the application and understand that misrepresentations or omission of material facts is cause for cancellation of my application, or dismissal from employment. I agree to complete all papers and/or examinations as may be required.

I understand that I may be required to attend trainings or seminars conducted or hosted by TERO to maintain my status on the Job Skills Bank.

I understand that if TERO is able to locate work for me and I quit the work without notice, or I am terminated for cause, from that employment, I will be placed on a probationary status and not be eligible for supportive services or referral assistance from TERO for a period of three (3) months. I may still update my information with TERO and use the other resources TERO has available.

Signature

Date

TO BE COMPLETED BY TERO STAFF

Date received: ___/___/___

Received By: _____

Application Complete: Yes ___ No ___ Items on file: Tribal ID Resume Certifications

Verification of Information by: _____ Date: _____