

Leech Lake Band of Ojibwe

TERO (*tribal employment rights office*)

Intake Application

Name (please print)

Date

- This application will be maintained in the TERO office for a period of 1 year.
- To be in the ACTIVE Job Bank you must update your application EVERY 3 MONTHS... Failure to do so will put your file in the non active Job Bank.
- Call the office at least once a week to check in so that we are aware you're searching for employment.
- If you find employment and are active in the Job Bank there is possibility of Supportive Services available.
- If you deny a position, or you are a no/call no/show to a site as scheduled, you will be placed on a 30 day suspension period and will not be eligible for services during that time.
- **REMINDER: TERO is a referral service; WE DO NOT DO THE HIRING.**
- If you are currently employed full time with the Reservation or other entity with the Reservation we strongly recommend you keep your employment as these positions are Temporary and may not offer benefits you may have.
- I HAVE READ AND UNDERSTAND THE TERO PROCESS

Client Signature

TERO Representative

Leech Lake Band of Ojibwe TERO Office
115 Sixth Street NW Suite E
Cass Lake, MN 56633

Office 218-335-8374
Fax 218-335-3733
Toll Free 1-866-222-8737

Personnel Information *please print clearly*

Name _____ Soc. Sec. # _____ App. Date _____
First Middle Initial Last

Address _____ City _____ St. _____ Zip _____

Telephone () _____ Emergency Contact () _____ Other () _____

Are you an enrolled member of the Leech Lake Band of Ojibwe Y / N Enrollment # _____

Are you enrolled in another federally recognized Tribe? Y / N What tribe _____

Availability / Certification / License

Are you available on a 24/7 basis _____ how far are you willing to travel _____

Do you have reliable transportation _____ Driver License Y / N Exp. _____ other license Y / N _____

Certificates _____

Education

High School / GED _____ did you graduate Y / N yr _____

College / Tech _____ did you graduate Y / N degree _____

Trainings / Union _____

Work History

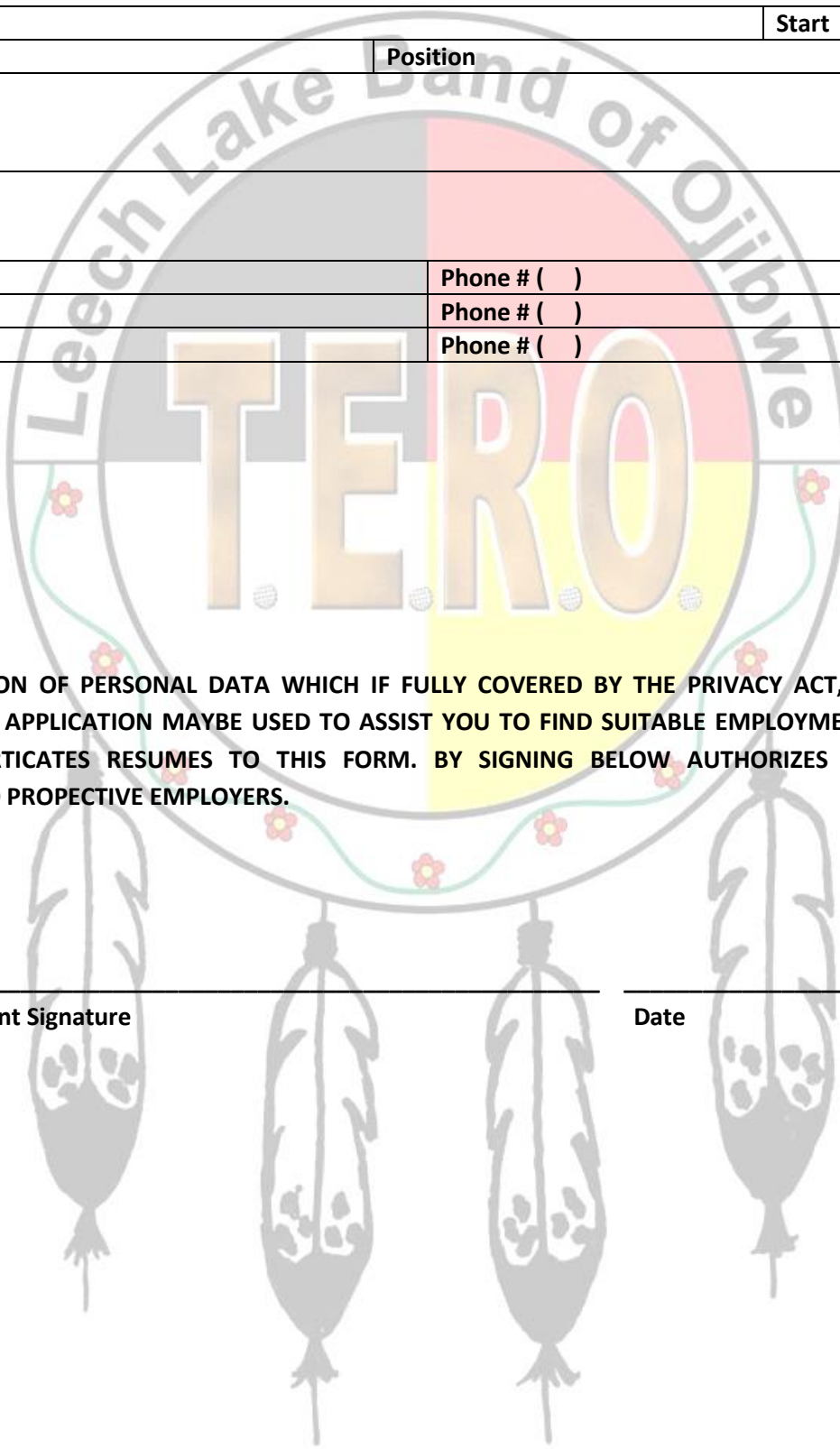
Do you have a RESUME Y / N

Employer			
Address			
Phone ()		Start	End
Supervisor	Position		
Job Duties			
Employer			
Address			
Phone ()		Start	End
Supervisor	Position		
Job Duties			

Employer			
Address			
Phone ()		Start	End
Supervisor	Position		
Job Duties			

References

Name	Phone # ()
Name	Phone # ()
Name	Phone # ()



WITH THE EXCEPTION OF PERSONAL DATA WHICH IF FULLY COVERED BY THE PRIVACY ACT, ANY INFORMATION PROVIDED ON THIS APPLICATION MAYBE USED TO ASSIST YOU TO FIND SUITABLE EMPLOYMENT. PLEASE ATTACH ANY LICENCES CERTICATES RESUMES TO THIS FORM. BY SIGNING BELOW AUTHORIZES US TO SEND YOUR INFOMRATIION TO PROPECTIVE EMPLOYERS.

Applicant Signature **Date**

Skills Questioner

1. Carpentry	0-1 yrs	1-4 yrs	5-9 yrs	10+ yrs
Framing				
Dry Wall				
Blue Print reading				
Roofing				
Siding				
OTHER				
2. Painter				
Brush				
Sprayer				
Roller				
OTHER				
3. Heavy Equipment				
Grader				
Water Truck				
Back Hoe				
Tractor				
Bull Dozer				
Fork Lift				
Front End Loader				
OTHER				
4. Welding				
5. Cement Work				
Concrete mixer				
Concrete forms				
Concrete vibrator				
Concrete finisher				
OTHER				
6. Construction				
Metal roofing				
Blueprint reading				
Brick laying				
Pipeline				
Plumbing				
Road construction				
7. Iron Work				
8. Electrical				
9. Other not listed				