



Leech Lake TERO Intake Application

Date: _____

Name: First _____ Middle _____ Last _____

Phone # _____ Message # _____

Address: _____

City _____ State _____ Zip _____

Email: _____

D.O.B _____ Driver's License # _____ Expiration: _____

Enrollment/Tribe _____ Enrollment # _____

Head of Household _____ Enrollment # _____

Descendant _____ Relationship _____

Do you have a current first aid/CPR card? Yes ___ No ___ Expiration: _____

Do you have dependable transportation? Yes ___ No ___

Are you willing to commute? Yes ___ No ___

Are you interested in training? Yes ___ No ___

Do you consent to your picture taken and used on social media? Yes ___ No ___

Union Membership? Union _____ Years _____

In good standing? Yes ___ No ___

References:

Name: _____ Phone # _____ Title _____

Name: _____ Phone # _____ Title _____

Name: _____ Phone # _____ Title _____

Previous employment:

Company _____ Phone # _____ Position _____

Dates Worked: Start: _____ End: _____

Company _____ Phone # _____ Position _____

Dates Worked: Start: _____ End: _____



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Job Experience:

Carpenter ___Yrs ___Mon

Carpenter Finisher ___Yrs ___Mon

Siding ___Yrs ___Mon

Framer ___Yrs ___Mon

Roofing ___Yrs ___Mon

Plumber ___Yrs ___Mon

Electrician ___Yrs ___Mon

Low-voltage Electrician ___Yrs ___Mon

Flooring ___Yrs ___Mon

Tile ___Yrs ___Mon

Carpet Layer ___Yrs ___Mon

Painter ___Yrs ___Mon

HVAC ___Yrs ___Mon

Welder ___Yrs ___Mon

Concrete Finisher ___Yrs ___Mon

Concrete Laborer ___Yrs ___Mon

Block Laying ___Yrs ___Mon

Block Tending ___Yrs ___Mon

Drywall ___Yrs ___Mon

Metal Studs ___Yrs ___Mon

Landscaping ___Yrs ___Mon

Laborer ___Yrs ___Mon

Structural Ironworker ___Yrs ___Mon

Reinforcing Ironworker ___Yrs ___Mon

Flagging Card ___Yrs ___Mon

Sheet Metal ___Yrs ___Mon

Equipment Operators:

Forklift ___Yrs ___Mon

Loader ___Yrs ___Mon

Backhoe ___Yrs ___Mon

ASV/Bobcat ___Yrs ___Mon

Grader ___Yrs ___Mon

Roller ___Yrs ___Mon

Dump Truck ___Yrs ___Mon

Sweeper ___Yrs ___Mon

Bulldozer ___Yrs ___Mon

CDL Class A ___Yrs ___Mon

CDL Class B ___Yrs ___Mon

Crane ___Yrs ___Mon

Pipeline: Explain what you did or do

Operator _____

Laborer _____



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I certify that my answers are true and complete to the best of my knowledge. With the exception of personal data which is fully covered by the privacy act, any information provided on this application maybe used to assist you with finding employment.

Please attach any license's, certificates and resumés to this form. By signing below, I authorize TERO to send my information to prospective employers.

Signature: _____ Date: _____

TERO Representative: _____ Date: _____



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Screening for Job/Training Performance Limitations: *Answer Yes or No* (these are not required)

- ☐ Diabetes:
 - If yes, do you take insulin:
- ☐ High/Low Blood Pressure:
- ☐ Injuries of any type:
- ☐ Allergies to Bees:
- ☐ EpiPen - do you have one:
- ☐ Allergies:
 - If yes, please list: _____
- ☐ Asthma:
- ☐ Inhaler – do you carry one:
- ☐ Heart Problems:
- ☐ Do you think any of these would limit your ability to perform
the job/training:

We may require doctor approval before placement if we feel it is needed.