



# Referral Application

**Tribal Employment Rights Office**  
 11373 Moorage Way La Conner WA 98257  
 Phone: (360)466.7232 Fax: (360) 466.1348

|                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | New Client Registration |
| <input type="checkbox"/> | Update Registration     |
| <input type="checkbox"/> | Relicense               |
| <input type="checkbox"/> | Training _____          |

**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>Date of Birth:</b>   |  | <b>Home Phone:</b>   |                               | <b>Cell Phone:</b>   |  |
| <b>Message 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 YES, <u>what tribe and enrollment number?</u>  |  |  |                               |  |  |
| Spouse of a Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name:  |  |  |                               |  |  |
| Do you have a <b>flagging card?</b><br>Expiration Date:   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                               | Do you have a <b>CDL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |
| Do you have a Resume and Cover letter?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                               | Years of Experience:   |  |
| 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"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su |  |  |                               |  |  |
| <input type="checkbox"/> Are you willing to work out of town?   |  | <input type="checkbox"/> Are you willing to work overtime?   |                               | <input type="checkbox"/> Do you have reliable transportation?  |  |
| <input type="checkbox"/> Will you consent to take a drug/alcohol urinalysis test?   |  | <input type="checkbox"/> Are you able to work with no supervision?   |                               |  |  |
| <input type="checkbox"/> Are you willing to work short time?  |  | 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**

High School Diploma  Yes  No GED  Yes  No College:  Yes  No Degree: \_\_\_\_\_

**Your Experience.**

**Equipment Operator:** Back Hoe \_\_\_ Bulldozer \_\_\_ Forklift \_\_\_ Grader \_\_\_ Crane \_\_\_ Other \_\_\_

**Trades:** Carpenter: \_\_\_ Cement Mason \_\_\_ Confined Space \_\_\_ Drywall \_\_\_

**Flooring:** \_\_\_ Carpet: \_\_\_  Linoleum:  Tile:  **Haz-Mat:** \_\_\_ **HVAC:** \_\_\_ **Insulation:** \_\_\_ **Laborer:** \_\_\_

**Mechanic:** \_\_\_ Auto  Diesel  **Electrician** \_\_\_ Apprentice  Certified  Journeyman  Helper

**Painter** \_\_\_ **Plumber:** \_\_\_ Apprentice  Certified  Journeyman  Helper  **Roofer** \_\_\_ **Welder** \_\_\_

**Other (please be specific):**

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: \_\_\_\_\_ Date entered into Database: \_\_\_\_\_ Training: \_\_\_\_\_