



**BOIS FORTE RESERVATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**

5344 Lakeshore Drive, P.O. Box 16, Nett Lake, MN 55772
Phone: 218-757-3261 or 1-800-221-8129 Fax: 218-757-3312

APPLICATION FOR EMPLOYMENT

Please complete all items: Date of Application _____

Name: _____ SSN: _____
Last First M.

Address _____
(Street/POB, City, State, Zip) County

DOB: _____ Age: _____ M _____ F _____
M/D/Y

Telephone#: _____ / _____ Msg#: _____ Enrolled? Yes _____ No _____
home work (Must attach proof of tribal enrollment)

D.L#: (required for operators/drivers) _____ State _____

Family Status (check one)

- ____ Single, Head of Household
- ____ Parent in two Parent Household
- ____ Family Member other than Parent
- ____ Dependent Children? How Many? _____
- ____ Independent Individual

U.S. Citizen? Y/N

Registration#: _____

Race/Ethnic

- ____ American Indian
- ____ Black
- ____ White
- ____ Hispanic

The majority of these jobs are temporary and may only last one day to several months depending on the position. Your name will be given to the appropriate contractor and **they will do the hiring**. Please answer all questions. If you do not give full information you might be overlooked for a position.

TRADE: Circle all that apply and refer to the specific skill sheet.

- | | | |
|------------------------------|-----------------|--------------------|
| Heavy Equipment/Operator (2) | Laborer (1) | Electrician (4) |
| Carpenter (4) | Ironworker (5) | Plumber (4) |
| Cement Finisher (4) | Drywall (4) | Night Watchman (2) |
| Truck Driver (5) | Surveying (3) | Block Layer (5) |
| Clerical/Secretarial (3) | Spec. Trng. (5) | Other _____ (5) |
| Painting (4) | Flag person (1) | Supervisory (5) |

Do you presently have, or have you ever had a certificate for any of the above? Y/N
Are you affiliated with any union? Y/N Please List: _____
Any Training/Apprenticeships? Please list: _____

EDUCATION: Circle highest grade completed: GED 7th 8th 9th 10th 11th 12th
Name of High School and year graduated _____
Post-Secondary: Degree: _____
Name of Post-Secondary Institution: _____

SKILL INFORMATION SHEET #1

LABORERS

1. Explain your construction experience. (Roofing, Siding, Drywall) Please be as specific as you can.
2. What type of construction was it?
3. Do you have any physical limits?

FLAG PERSONS

1. Explain your construction experience.
2. Are you able to stand for long periods of time?
3. How do you relate to your co-workers?
4. Do you have any physical problems, limits?
5. Are you available for long working hours?

SKILL INFORMATION SHEET #2

OPERATORS

1. Explain your experience as an operator.
2. What kinds of machinery can you operate?
3. How many years experience?
4. Explain how you do a walk around.
5. Can you do minor preventative maintenance?
6. What about operation in congested areas? How safe are you? Explain

NIGHT WATCHMAN

1. Explain your work experience in construction.
2. Any problems with shift work? Please explain.
3. Do you have any First Aid Training?

How reliable are you? Describe a situation that would back up your statement.

SKILLS INFORMATION SHEET #3

CLERICAL/SECRETARIAL

1. Do you have any computer experience? Please explain.
2. Are you able to work well with the general public?
3. Have you used any general office machines? Please explain.
4. Do you consider yourself reliable?
5. Are you able to perform multiple tasks? Please explain.

SURVEYORS

1. Explain your work experience as a surveyor?
2. What equipment have you used?
3. How reliable are you?

SKILL INFORMATION SHEET #4

CARPENTRY:

1. Explain duties as they pertain to you.

Drywall:

Electrical:

Plumbing:

Cement Finisher:

Roofing:

Painting:

Describe what you did and the approximate # of hours you acquired while on the worksite. This information is crucial to the Contractors that will be reviewing your application to fulfill their needs

SKILL INFORMATION SHEET #5

SPECIALIZED TRAINING:

List any specialized training that you have acquired, for example: First-Aid, Fire Fighting, etc.

TRUCK DRIVER

How many years have you been driving a truck? Please specify what kind of license.

SUPERVISORY

Describe your supervisory positions and number of people you were in charge of.

IRONWORKER-

BLOCKLAYER-

OTHER DUTIES NOT LISTED

JOB HISTORY

Please give specific details about the work you did and the duties you performed.

1. Job Title _____ Date Employed _____ to _____
Company _____ Supervisor _____
Address _____ City/State _____ Zip _____
Duties/Responsibilities _____

2. Job Title _____ Date Employed _____ to _____
Company _____ Supervisor _____
Address _____ City/State _____ Zip _____
Duties/Responsibilities _____

3. Job Title _____ Date Employed _____ to _____
Company _____ Supervisor _____
Address _____ City/State _____ Zip _____
Duties/Responsibilities _____

GENERAL INFORMATION

Do you have transportation? Y/N
Do you own a car? Y/N
Can you rely on someone for a ride? Y/N
Are you in good physical shape? Y/N
When was your last physical? Date (mm/dd/yy) _____
Would you get a physical if we required it? Y/N
Why? Medical _____ Other _____
Physician _____
Person to notify in case of Emergency _____ Phone _____

CERTIFICATION OF APPLICATION

I certify that the information given in the previous pages to be true to the best of my knowledge. I understand that I may be asked to provide documentation to support my claims. Any State, Federal or Local Agency or former employer is free to Release information about me regarding this application, for the purposes of gaining employment. I also understand that any false or misleading information given will automatically exclude me from TERO eligibility.

Signature _____ Date _____

Office use only: Skilled _____ Unskilled _____

Checklist

Transportation? _____
Physical? _____
First Aid Training _____

Positions recommended for:

LABORER
FLAG PERSON
OPERATOR (Heavy Equipment)
SECRETARIAL
NIGHT WATCHMAN
DRIVER

SURVEYOR
CONSTRUCTION
(HWY. BLDG, COMMERCIAL)
Other _____

REFERENCES

(Please list three)

NAME _____

ADDRESS _____

PHONE _____

YRS Known _____

NAME _____

ADDRESS _____

PHONE _____

YRS Known _____

NAME _____

ADDRESS _____

PHONE _____

YRS Known _____