



Nisqually Indian Tribe | Tribal Employment Rights Office
4820 She-Nah-Num Dr. SE | Olympia, WA 98513
360-456-5221 | TERO@nisqually-nsn.gov | www.nisqually-nsn.gov

TERO INTAKE AND SKILLS FORM

Last Name: _____ First Name: _____

Mailing Address: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Tribal Affiliation:

Enrollment #: _____ ☐ Nisqually Tribal Member ☐ Nisqually Descendant ☐ Nisqually Spouse
☐ Other Tribe: _____

Please note that you will be asked to provide proof of enrollment, or enrollment verification of enrolled Nisqually Tribal Member if claiming spouse or descendant.

Position/Training interested in?: _____

How did you hear about Position/Training?: _____

Do you have a valid driver's license: ☐ YES ☐ NO

Do you have a CDL? ☐ YES ☐ NO What type? _____

Endorsements: ☐ HAZMAT ☐ Doubles/Triples ☐ Tank ☐ Passenger ☐ Other: _____

Do you belong to a Union? ☐ YES ☐ NO Name: _____ Local #: _____

Special skills, certifications, or permits: (Please check all that apply)

☐ Flagger Certification: Expiration Date: ____/____/____ ☐ First Aid / CPR: Expiration Date: ____/____/____

☐ Blueprint Reading ☐ Building Codes ☐ Forklift ☐ Welding ☐ OSHA 10 ☐ OSHA30

List all relevant training: Formal or Informal

Field	Location	How Long?	Completed?

Are you currently in school? ☐ YES ☐ NO

Do you have a ☐ GED ☐ Diploma ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

Do you have reliable transportation to work? ☐ YES ☐ NO

If applicable, do you have reliable childcare? ☐ YES ☐ NO

Please fill in the total months (MOS) or years (YRS) that you have worked in each field

Equipment Operator:

Asphalt Paver	MOS: ____ YRS: ____
Backhoe	MOS: ____ YRS: ____
Boomtruck	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: ____
Skidder	MOS: ____ YRS: ____
Street Sweeper	MOS: ____ YRS: ____
Tractor	MOS: ____ YRS: ____
Truck Driver	MOS: ____ YRS: ____
Other: _____	MOS: ____ YRS: ____

Laborer	MOS: ____ YRS: ____
Flagger	MOS: ____ YRS: ____

Landscaping:

Irrigation installation	MOS: ____ YRS: ____
Tree planting	MOS: ____ YRS: ____
Sod Installation	MOS: ____ YRS: ____

Building Trades:

Asbestos Removal	MOS: ____ YRS: ____
Brick & Stone Mason	MOS: ____ YRS: ____
Carpenter	MOS: ____ YRS: ____
Cement Mason	MOS: ____ YRS: ____
Drywall	MOS: ____ YRS: ____
Electrician	MOS: ____ YRS: ____
Fence Builder	MOS: ____ YRS: ____
Flooring	MOS: ____ YRS: ____
Framer	MOS: ____ YRS: ____
Glazier	MOS: ____ YRS: ____
HVAC	MOS: ____ YRS: ____
Insulation	MOS: ____ YRS: ____
Ironworker	MOS: ____ YRS: ____
Metal Worker	MOS: ____ YRS: ____
Mechanic	MOS: ____ YRS: ____
Millwright	MOS: ____ YRS: ____
Painter	MOS: ____ YRS: ____
Pipe Laying	MOS: ____ YRS: ____
Plumber	MOS: ____ YRS: ____
Road Construction	MOS: ____ YRS: ____
Welder	MOS: ____ YRS: ____
Other: _____	MOS: ____ YRS: ____

Miscellaneous Experience:

_____	MOS: ____ YRS: ____
_____	MOS: ____ YRS: ____
_____	MOS: ____ YRS: ____

Please list any specialty skills that you have which are relevant to work you are looking for:
(use back of paper if more space is needed)

Employment History – list most recent employer first

Employer:		Phone Number:	
Job Title:		Pay rate:	
Job duties:			
Employed	From (month/year) To (month/year)	Reason for Leaving	

Employer:		Phone Number:	
Job Title:		Pay rate:	
Job duties:			
Employed	From (month/year) To (month/year)	Reason for Leaving	

Training Interest: Please check any areas you would be interested in if training is available:

- | | | |
|--|---|--|
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Food Service | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Radio or Television |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospitality Industry | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Hotel Operations | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Software |
| <input type="checkbox"/> Construction - Building | <input type="checkbox"/> Marketing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Construction – Roads | <input type="checkbox"/> Medical Billing | <input type="checkbox"/> Truck Driver |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Nursing | <input type="checkbox"/> Welding/Metal Working |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Office Skills | <input type="checkbox"/> Other |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Plastering | |

By my signature below, I hereby affirm that all of the information that I have provided in this document is true and complete to the best of my knowledge. I authorize an official investigation of any statements and understand that any misrepresentations or omission of material facts is cause for removal from the TERO Skills Bank. I agree to complete all documents and/or examinations as may be required for an employment referral. I acknowledge that it is my duty to keep my file up to date and to visit the TERO Office to make changes to my file.

Signature: _____ Date: _____

TERO OFFICE USE ONLY

Received by: _____ Date: _____