



**Fallon Paiute-Shoshone Tribe  
Tribal Employment Rights Office (TERO)  
Application**

**565 Rio Vista Drive  
Fallon, NV 89406  
Phone: 775-423-6075 Fax: 775-423-5202**

**Please submit the following documents:**

- Tribal I.D. / Copies of any certificates or licenses that you possess
- Other documents that may verify eligibility for preference and job qualification

**Complete all sections of this application**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address *(If Different from above):* \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Are you a Veteran: Yes \_\_\_ No \_\_\_

Are you a member of the Fallon Paiute-Shoshone Tribe? Yes \_\_\_ No \_\_\_ Enrollment No. \_\_\_\_\_

Are you an enrolled member of a Federally Recognized Tribe? Yes \_\_\_ No \_\_\_

If so what Tribe? \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Are you a spouse of an enrolled member of the Fallon Paiute-Shoshone Tribe? Yes \_\_\_ No \_\_\_

If Yes, Spouse Name/Enrollment Number: \_\_\_\_\_

Do you have a Valid Driver's License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ Exp: \_\_\_\_\_

Are you able to legally work in the US? Yes \_\_\_ No \_\_\_

Do you have a CDL? Yes \_\_\_ No \_\_\_

Are you a member of a Union? Yes \_\_\_ No \_\_\_

If yes, please identify Local No. & Location \_\_\_\_\_

**Do you have a HS Diploma or GED?** Yes \_\_\_ No \_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

**Do you have a Technical Certificate or College Degree?** Yes \_\_\_ No \_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Are you Computer Literate? Yes \_\_\_ No \_\_\_

**Check all computer programs used:**

Word processing \_\_\_ Excel \_\_\_ Databases \_\_\_ Graphics \_\_\_ Publisher/Powerpoint \_\_\_ Outlook/Email \_\_\_

**RECENT EMPLOYMENT:** *(If not applicable, list work performed on a volunteer basis or personal references.)*

(1) Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_

(2) Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_

(3) Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_

(4) Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_

**List other skills or Trades:**

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**List Certifications, Licenses, Apprenticeship or Volunteer Services:**

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**I AM QUALIFIED TO BE REFERRED TO THE FOLLOWING:**  
**(INDICATE THE NUMBER OF MONTHS AND YEARS OF WORK EXPERIENCE OR TRAINING BELOW)**

<b>EQUIPMENT OPERATOR</b>	<b>YRS</b>	<b>MTHS</b>
LOADER		
SCRAPER		
CRANE		
OILER		
DRILLER		
GRADER		
<b>FORESTRY</b>	<b>YRS</b>	<b>MTHS</b>
SAWYER		
SCALER		
THINNER		
PLANTER		
FIRE FIGHTER		
LOGGER		
<b>MISCELLANEOUS</b>	<b>YRS</b>	<b>MTHS</b>
TRUCK DRIVER		
LANDSCAPER		
SURVEYOR		
PIPE LAYER		
FLAGGER		
HVAC		

<b>BUILDING TRADES</b>	<b>YRS</b>	<b>MTHS</b>
CARPENTER		
FRAMER		
DRYWALL		
ELECTRICIAN		
PAINTER		
CEMENT MASON		
INSULATION		
PAINTER		
PLUMBER		
FLOORS		
IRON WORKER		
WELDER		
MECHANIC		
ROOFER		
LABORER		
<b>FOOD SERVICES</b>	<b>YRS</b>	<b>MTHS</b>
COOK		
WAITRESS		
NUTRITIONIST		
CASHIER		
CUSTODIAN		

**READ AND SIGN STATEMENT**

*I hereby affirm the information provided on this application and any other paper that I supply is true and correct to the best of my knowledge. I give TERO permission to verify employment and education background as specified in the application. All TERO Referrals may be subject to pre-screening as a condition of their employment. This organization gives Indian Preference in Employment and Training in accordance with Indian Self-Determination and Education Assistance Act of 1975, Executive Order 11246 and the Fallon Paiute-Shoshone Tribal Employment Rights Ordinance.*

*I understand that it is my responsibility to keep in regular contact with this office to remain in "AVAILABLE TO WORK" status.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Applications will be maintained for a period of one (1) year\*\***

<b>TO BE COMPLETED BY TERO DEPARTMENT</b>	
Received by: _____	
Application Completed: YES _____ NO _____	
Items on file: DL CDL Tribal ID Resume Other Certifications: _____	
Application Incomplete notice sent: _____	Date entered into skills bank: ____/____/____