



Tribal Employment Rights Office (T.E.R.O)

Application

Fort Mojave Indian Tribe, 500 Merriman Avenue, Needles, CA 92363

Phone: (760) 629-4591 Fax: (760) 629-5767

The information provided will be used to establish a TERO job skills bank. Submit the following documents and copies will be made for your file: Tribal ID or CIB, certificates or licenses that you possess and any other documents that verify eligibility for preference and job qualification. The Fort Mojave Tribal TERO Hiring Preference will be adhered to: 1. Enrolled Fort Mojave Tribal member(s) 2. Enrolled member(s) of a Federally Recognized Tribe.

NOTE: PLEASE **PRINT** ALL INFORMATION LEGIBLY. APPLICATION MUST BE COMPLETELY FILLED OUT OR THE APPLICATION WILL NOT BE PROCESSED.

Contact Information

Name (Last, First, Middle initial)	Date:
Address (City, State, Zip)	Primary Phone:
Mailing Address (City, State, Zip)	Message Phone:

Are you an enrolled member of the Fort Mojave Indian Tribe? Yes____ No____
This section is for Other Tribes: Are you enrolled in a Federally Recognized Tribe? Yes____ No____
Name of Tribe _____

Statements

Do you have a valid driver's license? Yes____ No____	Will you be able to provide a DMV record? Yes____ No____
Are you available for full time work? Yes____ No____	Are you available for Part-time work? Yes____ No____
Will you work overtime if required? Yes____ No____	What date will you be available to start work? _____

Name: _____

Education /Training

High School	Address (Street, City, State, Zip)		
Course of Study	Graduated: Yes_____ No_____	Highest Grade Completed	Diploma or GED
College	Address (Street, City, State, Zip)		
Course of Study	Graduated: Yes_____ No_____	Highest Grade Completed	Degree or Certificate
Trade or Business School	Street, City, State, Zip		
Course of Study	Graduated: Yes_____ No_____	Highest Grade Completed	Degree or Certificate

Work History

Employer Name:		Phone:	
Street/P.O. Box, City, State, Zip			
Start Date:	End Date:	Employee Job Title:	Supervisor:
Reason for Leaving:		May we contact this Employer? Yes_____ No_____	
Description of Work: _____ _____ _____ _____			

Name: _____

Work History-continued

Employer Name:		Phone:	
Street/P.O. Box, City, State, Zip			
Start Date:	End Date:	Employee Job Title:	Supervisor:
Reason for Leaving:			May we contact this Employer? Yes _____ No _____
Description of Work: _____ _____ _____ _____			

Work History-continued

Employer Name:		Phone:	
Street/P.O. Box, City, State, Zip			
Start Date:	End Date:	Employee Job Title:	Supervisor:
Reason for Leaving:			May we contact this Employer? Yes _____ No _____
Description of Work: _____ _____ _____ _____			

Signature

Date