



The Confederated Tribes of the Colville Reservation  
**Tribal Employment Rights Office**  
P.O. Box 150 Nespelem, WA 99155  
Phone: 1(509) 634-2716 Fax: 1(509) 634-2740

**TERO**

**Confederated Tribes of the Colville Reservation Client Rules and Regulations**

1. Within the Tribal Hiring hall Referral System, applicants shall be dispatched, and hired in numerical order which shall be based on applicant's qualifications and work history.
2. An employer request for a specific applicant will be honored if the applicant is currently registered with the TERO office. All requests for a specific applicant must be confirmed in writing by the contractor/employer within 24 hours, or the applicant will be removed from the job.
3. Any applicant found to be working who is still on the employment eligibility registry will be removed from the registry. Participation in the training programs and part time work will not render an applicant ineligible for the employment eligibility registry.
4. Any applicant seeking employment opportunities should register for employment with the TERO.
5. It is the responsibility of all applications to furnish the TERO with current telephone numbers and email addresses.
6. Any applicant called for work who cannot be contacted after three attempts, except in the event of illness or emergency, will be removed from their place on the employment eligibility registry.
7. Any applicant who refuses a job, are contacted by phone and informed they have lost their formal place on the employment eligibility registry and will be placed on the bottom of the registry, except in the event of illnesses and/or hardship. The TERO commission may request a doctor's certification of illness to assess whether an applicant should be removed from the employment eligibility registry in accordance with this provision.
8. An applicant may work for up to 10 days on jobs of short duration, or may finish existing jobs for a period of 10 days, without losing their original place on the employment eligibility registry.
9. Any applicant who has been dispatched to a job requiring skills or experience, and the applicant certified they acquire such skills and may not have such. Will be discharged for lack of experience or qualifications and/or have their name moved to the bottom of the employment eligibility registry, and must correct their application. However, discharge of applicants for lack of qualifications will be screened by the TERO Director and Compliance Officers to assure that the applicant was not wrongfully terminated.

10. All Applicants who do not make contact with the TERO office at least once per month will be removed from the employment eligibility registry.
11. All applicants who are drawing unemployment are required to sign the employment eligibility registry every week to be eligible for unemployment benefits.
12. Short term or training jobs may be filled at the discretion of the TERO Director without adhering to the employment eligibility registry order.
13. Any applicant who quits work due to illness...Shall be subject to suspension of services from TERO, at the discretion of the TERO Director.
14. Any applicant who is terminated for good cause shall be subject to suspension of services from TERO, at the discretion of the TERO Director.
15. Any applicant who reports for an interview under the influence of drugs or alcohol will not be allowed to continue the interview and will be removed from the premises.



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**Release of Information**  
**Colville Tribal TERO Program**

I authorize the Colville Tribal Employment Rights Office (TERO) to provide information regarding:

- TANF
- Employment & Training
- Child Support
- Human Resources
- Prospective Employees
- Spouse/Significant Other (Name of Individual) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

The sole purpose of this form is for clarifying specific employment and financial issues brought forth to TERO by authorized programs.

This information is intended to be confidential and does not super cede any Tribal or TERO Policy for services or exchange of information.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_ TERO Staff: \_\_\_\_\_



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**Training Reimbursement Agreement Form**

The Tribal Employment Rights Office of the Confederated Tribes of the Colville Reservation agrees to pay for Employee \_\_\_\_\_ to receive training as specified, and related costs, Employees agree that if they fail to complete the training they will have to reimburse the TERO program for the cost of the training and all other related costs. In the event of emergency or extenuating circumstances, Employee must contact the TERO office and seek approval to withdraw from the training to avoid reimbursement responsibility. Failure to reimburse TERO for training and related costs will result in the Employee's removal from the TERO referral call-out list for training until payment is received.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 TERO Director

cc: File  
 Invoicing



# APPLICATION FOR EMPLOYMENT



## Colville Confederated Tribes Tribal Employment Rights Office

**(Please Print All Information)**

**NOTICE:** Incomplete applications will not be accepted or processed. Applicant is responsible to submit a completed and signed application date as well as any required attachments. Please make sure your application is complete and relevant to the job you are applying for. Applicant is responsible to call in daily for job search. Applications will be good for six (6) months.

Personal Data			
Last Name	First Name	M.I.	Other Names/Alias Used
Mailing Address: Street/PO Box	City	State	Zip Code
			Telephone Number (Required)
			Home: (     )     -
E-Mail Address (optional)			Message: (     )     -

Employment Data			
Position interest:			
Are you claiming Indian preference? <b>ENROLLMENT NUMBER - <i>Valid proof of preference required</i></b>			
1. <input type="checkbox"/> CCT Member	_____	4. <input type="checkbox"/> Other Tribe	_____
2. <input type="checkbox"/> CCT Descendent	_____	5. <input type="checkbox"/> Non-Indian	_____
3. <input type="checkbox"/> CCT Spouse	_____		
VETERAN'S PREFERENCE? (For CCT positions only)	Branch of Service	Service Dates	Honorably Discharged?
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		From:     To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Background		
List last high school attended. Beginning with the recent – list all colleges, vocational, and military service schools attended. <i>* Please attach proof of certification from an accredited college for educational verification &amp; educational consideration *</i>		
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Telephone Number
Name & Location of School	Graduate: Yes or No	Major Course
College/University		
College/University		
College/University		
Vocational/Technical School		

**Specialized Skills/Training**

**Training**

<input type="checkbox"/> Auto Mechanics	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Construction
<input type="checkbox"/> Clerical	<input type="checkbox"/> Construction – Roads	<input type="checkbox"/> Data Processing	<input type="checkbox"/> Electrician
<input type="checkbox"/> Electronics apprentice	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> hospitality	<input type="checkbox"/> Hotel Operations
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Medical billing	<input type="checkbox"/> Nursing	<input type="checkbox"/> Office Skills
<input type="checkbox"/> Plastering	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Technology
<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Welding/Metal working	<input type="checkbox"/> Other _____	

**Equipment Operator:**

<input type="checkbox"/> Asphalt Paver Months_____	<input type="checkbox"/> Grader Months_____	<input type="checkbox"/> Street Sweeper Months_____	<input type="checkbox"/> Dump Truck Months_____
<input type="checkbox"/> Backhoe Months_____	<input type="checkbox"/> Loader Months_____	<input type="checkbox"/> Tractor Months_____	<input type="checkbox"/> Excavator Months_____
<input type="checkbox"/> Boom Truck Months_____	<input type="checkbox"/> Roller Months_____	<input type="checkbox"/> Processor Months_____	<input type="checkbox"/> Forklift Cert. Months_____
<input type="checkbox"/> Bulldozer Months_____	<input type="checkbox"/> Scraper Months_____	<input type="checkbox"/> Truck Driver Months_____	<input type="checkbox"/> Front Loader Months_____
<input type="checkbox"/> Crane cert/hrs Months_____		<input type="checkbox"/> Skidder Months_____	<input type="checkbox"/> Bob Cat Months_____
		<input type="checkbox"/> Other_____	

**Building Trades:**

<input type="checkbox"/> Asbestos Removal Months_____	<input type="checkbox"/> Electrician Months_____	<input type="checkbox"/> HVAC Months_____	<input type="checkbox"/> Millwright Months_____
<input type="checkbox"/> Brick & Stone Mason Months_____	<input type="checkbox"/> Fence Builder Months_____	<input type="checkbox"/> Insulation Months_____	<input type="checkbox"/> Painter Months_____
<input type="checkbox"/> Cement Mason Months_____	<input type="checkbox"/> Flooring Months_____	<input type="checkbox"/> Iron Worker Months_____	<input type="checkbox"/> Pipe Laying Months_____
<input type="checkbox"/> Sheet Metal Worker Months_____	<input type="checkbox"/> Framer Months_____	<input type="checkbox"/> Metal Worker Months_____	<input type="checkbox"/> Welder Months_____
<input type="checkbox"/> Road Construction Months_____	<input type="checkbox"/> Glazier Months_____	<input type="checkbox"/> Mechanic Months_____	<b>Drywall</b>
<input type="checkbox"/> Carpenter Months_____	<input type="checkbox"/> Other:_____		<input type="checkbox"/> Tapers Months_____
			<input type="checkbox"/> Muders Months_____
			<input type="checkbox"/> Hangers Months_____

Laborer:

Flagger: Exp Date:\_\_\_\_\_

**Clerical:**

<input type="checkbox"/> Word Processing Months_____	<input type="checkbox"/> Receptionist Months_____	<input type="checkbox"/> Typist WPM_____ Months_____	<input type="checkbox"/> Data Entry Months_____
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**Food/beverages Service:**

<input type="checkbox"/> Point of sale (cashier) Months_____	<input type="checkbox"/> Host/Hostess Months_____	<input type="checkbox"/> Auditor Months_____	<input type="checkbox"/> Maintenance Months_____
<input type="checkbox"/> Banquets Months_____	<input type="checkbox"/> Server Months_____	<input type="checkbox"/> Accounting Months_____	<input type="checkbox"/> Slots Months_____
<input type="checkbox"/> Steward (Dishwasher) Months_____	<input type="checkbox"/> Janitorial (EVS) Months_____	<input type="checkbox"/> Cage Operations Months_____	<input type="checkbox"/> Bartender Months_____
<input type="checkbox"/> Gaming/Hospitality Months_____	<input type="checkbox"/> Valet Driver Months_____	<input type="checkbox"/> Dealer Months_____	<input type="checkbox"/> Busser Months_____
<input type="checkbox"/> Human Resources Months_____	<input type="checkbox"/> Security Officer Months_____	<input type="checkbox"/> Front Desk Months_____	<input type="checkbox"/> Cook Months_____
<input type="checkbox"/> Purchasing/Receiving Months_____	<input type="checkbox"/> Housekeeping Months_____		

**Misc Experience:**

_____	_____
_____	_____

**Work Experience**

List most recent first. Lists only work history relevant to qualifications required for position applying for.  
Do not leave any blank areas to avoid disqualification

Employer Name		Address		Phone:
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage		
			Eligible For Rehire?	[ ] - YES [ ] - NO
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				(
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage		
			Eligible For Rehire?	[ ] - YES [ ] - NO
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				





Current or past Tribal Program Participation:				
TANF <input type="checkbox"/>	Employment and Training <input type="checkbox"/>		Vocational Rehabilitation <input type="checkbox"/>	
Type	License #	State	Issued	Expires
Driver's License				
Notary				
Flagger's Card				
Do you have any of the following Licenses/Permits?				
Gaming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bartender	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Food Handler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	

Have You Ever Had A License/Bond/Permit Listed Above Revoked or Suspended?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
If YES, Explain:	
Are you bondable?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO

Criminal History	
Have You Ever Been <b>Convicted</b> of a Felony or Misdemeanor?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
You may be required to disclose the details of a "yes" response. Do you agree to provide this information as a condition of consideration for hire?	
<input type="checkbox"/> - YES <input type="checkbox"/> - NO	

Employee Statement of Accuracy and Authorization To Obtain Background Information				
I certify that all of the information given in this application is true, accurate, and complete. I understand any false or misleading information, or incomplete information on this application may result in my not being hired, or my immediate dismissal if I have been hired based upon any false or misleading information that I provided in this application.				
I give my consent to the Colville Tribe Employer (Tribes, CTFC, or CTEC) to conduct an investigation into my employment/work history and any pertinent information concerning my employment, criminal, financial and credit histories.				
This is my authorization for any of my previous employers to release my employment history with them, including, but not limited to, my performance level, attendance, and disciplinary records. I will hold harmless any previous employer for releasing this information.				
Applicant's Signature Affirming Above Statement				Today's Date
Last Name (Print)	First Name	MI	Maiden Name	Are you 18 or older?
				<input type="checkbox"/> - Yes <input type="checkbox"/> - No