



# BOIS FORTE RESERVATION TRIBAL EMPLOYMENT RIGHTS OFFICE

5344 Lakeshore Drive, 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 \_\_\_\_\_

Telephone#: \_\_\_\_\_ / \_\_\_\_\_  
home work Msg# Enrolled? Yes NO  
(Must attach proof of tribal enrollment)

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

|  |                          |  |
|--|--------------------------|--|
| <b>Family Status (check one)</b>                         | <b>U.S. Citizen? Y/N</b> | <b>Race/Ethnic</b>                       |
| <input type="checkbox"/> Single, Head of Household       | Registration#: _____     | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Parent in two Parent Household  |                          | <input type="checkbox"/> Black           |
| <input type="checkbox"/> Family Member other than Parent |                          | <input type="checkbox"/> White           |
| <input type="checkbox"/> Dependent Children? How Many?   |                          | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> Independent Individual          |                          |  |

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 kind 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 of Employed \_\_\_\_\_ to \_\_\_\_\_  
Company \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_

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

3. Job Title \_\_\_\_\_ Date of 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)

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 \_\_\_\_\_