

10-E

TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO)  
THREE AFFILIATED TRIBES

P.O. BOX 488  
NEW TOWN, ND 58763  
PHONE: (701)627-3634 FAX: (701)627-4073  
WEBSITE: [www.mhatero.com](http://www.mhatero.com)

Employment Application

NAME OF APPLICANT \_\_\_\_\_ DOB \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ # OF DEPENDENTS \_\_\_\_\_ SEGMENT \_\_\_\_\_

ENROLLMENT # \_\_\_\_\_ TRIBAL AFFILIATION \_\_\_\_\_

DRIVERS LIC. # \_\_\_\_\_ CLASS CODE \_\_\_\_\_ END. CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

VETERAN STATUS  YES  NO DISCHARGE DATE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED  YES  NO IF YES, WHERE?  
\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

WORK EXPERIENCE

LIST PREVIOUS FOUR EMPLOYERS STARTING FROM MOST RECENT. ATTACH RESUME AND/OR ANY CERTIFICATES.

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION WORKED \_\_\_\_\_

LIST DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION WORKED \_\_\_\_\_

LIST DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION WORKED \_\_\_\_\_

LIST DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION WORKED \_\_\_\_\_

LIST DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

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LEVEL	NAME/ADDRESS OF SCHOOL	DATES ATTENDED	DATE GRADUATED
HIGH SCHOOL			
VOCATIONAL			
UNIVERSITY			
OTHER			

CERTIFICATE ATTAINED \_\_\_\_\_

ASSOCIATE DEGREE ATTAINED \_\_\_\_\_

BACHELOR DEGREE ATTAINED \_\_\_\_\_

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LIST TYPES OF EQUIPMENT OR MACHINES THAT YOU CAN OPERATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL SKILLS, ACCOMPLISHED AND AWARDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN WHAT JOB CATEGORIES WOULD YOU ACCEPT REFERRALS? LIST IN ORDER OF PREFERENCE:  
(FOR EXAMPLE: 1. OPERATOR, 2. CONSTRUCTION, 3. LABORER, ETC...)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

YOU MUST SIGN THIS APPLICATION

I consent to the release of information about my ability and fitness to TERO and the TERO Personnel. I certify to the best of my knowledge and beliefs, all of my statements are true, correct, and complete and made in good faith.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

(Signature of Applicant)

**\*PLEASE ATTACH A COPY OF YOUR ENROLLMENT\***