

**WORKING
PHONE NUMBER
REQUIRED**
(If it changes please
call and notify us)

BLACKFEET TERO OFFICE
INDIAN JOBS SKILLS BANK

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____ E-MAIL _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ **CELL NUMBER:** _____ **Msg #:** _____

MALE _____ FEMALE _____

ARE YOU 18 YEARS OR OLDER? _____ DATE OF BIRTH: _____

ARE YOU AN ENROLLED MEMBER OF THE BLACKFEET TRIBE: _____

ENROLLMENT NUMBER: _____

ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED
TRIBE? _____ TRIBAL AFFILIATION: _____

TRIBAL ENROLLMENT NUMBER: _____ (PLEASE PROVIDE
ENROLLMENT VERIFICATION)

ARE YOU A VERERAN OF THE ARMED FORCES? _____

DRIVERS LICENSE INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? _____ STATE: _____

REGULAR: _____ COMMERCIAL: _____ CLASS TYPE: _____

ENDORSEMENTS: _____ (PLEASE PROVIDE A COPY OF YOUR CDL)

EMPLOYMENT DATA

Building Construction Labor	Painting	Yard Work	Concrete	General Labor
Carpentry	Concrete Finisher		HEO	Pilot Car Driver
Plumbing	HVAC		Road Construction Laborer	
Roofing	Electrical		CDL	Fencing
Snow Removal	Flagging		Welding	

DO YOU HAVE YOUR OWN TRANSPORTATION? _____
DO YOU OWN YOUR OWN TOOLS? _____
WILL YOU RELOCATE? _____
WILL YOU TRAVEL? _____
ARE YOU PRESENTLY EMPLOYED? _____

EDUCATION AND TRAINING

HIGH SCHOOL: _____ DID YOU GRADUATE? _____
IF NO, HAVE YOU OBTAINED YOUR GED? _____ YEAR OBTAINED: _____
COLLEGE ATTENDED: _____
ADDRESS: _____ CITY/STATE/ZIP CODE: _____
DID YOU GRADUATE? _____ DEGREE: _____
VOCATIONAL/APPRENTICESHIP TRAINING? _____
TYPE OF TRAINING: _____ CERTIFIED?: _____
ARE YOU A MEMBER OF A CRAFT UNION? _____
ARE YOU A CERTIFIED FLAGGER? _____ YEAR OBTAINED: _____
(PLEASE PROVIDE A COPY OF YOUR TRAFFIC CONTROL CERIFICATION)

CERTIFICATIONS/LICENSE

JOURNEYMAN: _____ TYPE: _____
APPENTICE: _____ TYPE: _____

REFERENCES

JOB-RELATED ONLY PLEASE

NAME: _____ POSITION: _____
COMPANY NAME: _____ PHONE: _____

NAME: _____ POSITION: _____
COMPANY NAME: _____ PHONE: _____

NAME: _____ POSITION: _____
COMPANY NAME: _____ PHONE: _____

WITH THE EXCEPTION OF PERSONAL DATA WHICH IF FULLY COVERED BY THE PRIVACY ACT, ANY INFORMATION PROVIDED ON THIS QUESTIONNAIRE MAY BE USED TO ASSIST YOU TO FIND SUITABLE EMPLOYMENT. IF YOU HAVE A COMPLETE RESUME, PLEASE ATTACH IT TO THIS FORM. ALSO, BY SINGING BELOW AUTHORIZES US TO SEND YOUR RESUME TO PROSPECTIVE EMPLOYERS.

APPLICANT SIGNATURE
REVISED 6/2019 tf

DATE