



Fort Belknap Indian Community Fort Belknap TERO Department

Fort Belknap Agency
656 Agency Main Street
Harlem, MT 59526
PH: 406-353-8454 / 406-353-8437

Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

Office Use Only
Date Received: _____
Received By: _____

REGISTRATION APPLICATION

PERSONAL DATA:

NAME: _____
(Last) (First) (M. I.)

MAILING ADDRESS: _____ PHONE: _____
(P.O. Box or Street) (Main Contact #)
_____, _____, _____
(City) (MT) (Zip Code) (Cell / Message #)

PHYSICAL ADDRESS: _____
(Include descriptive location and/or community)

D.O.B.: _____ SSN: _____ EMAIL: _____

TRIBAL AFFILIATION: _____ TRIBAL ID #: _____

ENROLLED AT: _____ BLOOD DEGREE: _____

**** Please submit copy of enrollment/descendency.**

VALID DRIVERS LICENSE: _____ Yes _____ No EXPIRATION DATE: _____

CLASSIFICATION: _____ ENDORSEMENTS: _____
(Commercial, Operator's, Etc.) (Hazardous, Etc.)

**** Please submit copy of license if applicable.**

EDUCATION / TRAINING:

High School Diploma or GED: _____ Yes _____ No Year Received: _____

List certificates/degrees earned and **submit copy if applicable:**

_____ YR: _____

_____ YR: _____

SKILLS AND/OR OTHER QUALIFICATIONS:

WORK EXPERIENCE:

<u>Heavy Equipment Operator</u>	<u>Building Trades</u>	<u>Other</u>
Dozer: _____ Yrs. _____ Mos.	Carpenter: _____ Yrs. _____ Mos.	Mechanic: _____ Yrs. _____ Mos.
Loader: _____ Yrs. _____ Mos.	Framer: _____ Yrs. _____ Mos.	Laborer: _____ Yrs. _____ Mos.
Scraper: _____ Yrs. _____ Mos.	Plumber: _____ Yrs. _____ Mos.	Fencing: _____ Yrs. _____ Mos.
Crane: _____ Yrs. _____ Mos.	Electrician: _____ Yrs. _____ Mos.	_____ Yrs. _____ Mos.
Oiler: _____ Yrs. _____ Mos.	Painter: _____ Yrs. _____ Mos.	_____ Yrs. _____ Mos.
Driller: _____ Yrs. _____ Mos.	Cement Mason: _____ Yrs. _____ Mos.	_____ Yrs. _____ Mos.
Blade: _____ Yrs. _____ Mos.	Concrete Finisher: _____ Yrs. _____ Mos.	_____ Yrs. _____ Mos.
Roller: _____ Yrs. _____ Mos.	Flooring: _____ Yrs. _____ Mos.	
Backhoe: _____ Yrs. _____ Mos.	Insulation: _____ Yrs. _____ Mos.	
Combine: _____ Yrs. _____ Mos.	Iron Worker: _____ Yrs. _____ Mos.	
Tractor: _____ Yrs. _____ Mos.	Welder: _____ Yrs. _____ Mos.	
Truck Driver: _____ Yrs. _____ Mos.	Mechanic: _____ Yrs. _____ Mos.	
Laborer: _____ Yrs. _____ Mos.	Cert. Flagger: _____ Yrs. _____ Mos.	
	Roofer: _____ Yrs. _____ Mos.	
	Laborer: _____ Yrs. _____ Mos.	

EMPLOYMENT HISTORY:

Resumes and additional employment are strongly recommended.

EMPLOYER: _____ PHONE : _____

ADDRESS: _____
(P.O. Box or Street) (City) (State) (Zip)

JOB TITLE: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Supervisor: _____ Reason for Leaving: _____

Describe **(in detail)** Duties, Skills and/or Equipment Used: _____

EMPLOYMENT HISTORY (cont'd.):

EMPLOYER: _____ PHONE : _____

ADDRESS: _____
(P.O. Box or Street) (City) (State) (Zip)

JOB TITLE: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Supervisor: _____ Reason for Leaving: _____

Describe **(in detail)** Duties, Skills and/or Equipment Used: _____

EMPLOYER: _____ PHONE : _____

ADDRESS: _____
(P.O. Box or Street) (City) (State) (Zip)

JOB TITLE: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Supervisor: _____ Reason for Leaving: _____

Describe **(in detail)** Duties, Skills and/or Equipment Used: _____

REFERENCES:

NAME: _____ Company: _____ Phone: _____

NAME: _____ Company: _____ Phone: _____

NAME: _____ Company: _____ Phone: _____

I certify, to the best of my knowledge, that all information is true, correct and complete. I hereby give permission to TERO to verify any information contained within. I further allow for TERO and/or reviewing entities to contact my references.

(Printed Name) **(Signature)** **(Date)**