



Tribal Employment Rights Commission

Poarch Band of Creek Indians
5811 Jack Springs Road, Bldg. 500 Atmore, Alabama 36502
Phone: (251) 368-0606 • Fax: (251) 368-4502

TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO) TRIBAL LABOR SURPLUS POOL APPLICATION (TLSP)

- _____ Poarch Creek Tribal Member Roll Number _____ *(Must provide copy of Tribal ID card)*
- _____ First Generation Descendant of a Poarch Creek Tribal Member *(Must provide copy of First Generation Letter)*
- _____ Spouse of Poarch Creek Tribal Member *(Must provide copy of marriage certificate and spouse's Tribal ID card)*
- _____ Other Indian *(any other federally recognized Tribal member besides Poarch Creek Indian)*

Type of work you're seeking: Full Time _____ Part Time _____ Temporary _____ Any _____

Type of positions you're seeking: 1. _____ 2. _____

Name: _____ Social Security Number: _____

Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Are you legally eligible for employment in the United States? _____

Do you have any physical conditions that may limit your ability to perform any job functions? _____

If so, provide details. _____

Do you have a Driver's License? _____ State: _____ Driver's License Number: _____

Do you have a Commercial Driver's License? _____ State: _____ CDL Number: _____

Highest Level of Education: _____

Type of Degree: _____ Field of Study: _____

Have you ever been convicted of a felony? _____ If yes, provide details (you may attach additional pages if necessary): _____

Work Experience

Please indicate the years and months below each operation or field in which you have had actual work experience.

<u>Equipment Operator</u>			<u>Building Trades</u>			<u>Professional Services</u>		
	Years	Months		Years	Months		Years	Months
Dozer	_____	_____	Carpenter	_____	_____	Teacher	_____	_____
Loader	_____	_____	Plumber	_____	_____	Home health care	_____	_____
Scraper	_____	_____	Electrician	_____	_____	Counselor	_____	_____
Crane	_____	_____	Painter	_____	_____	Human Resources	_____	_____
Oiler	_____	_____	Cement Mason	_____	_____	Computer-work/repair	_____	_____
Driller	_____	_____	Flooring	_____	_____	Other:	_____	_____
Blade	_____	_____	Insulation	_____	_____	_____	_____	_____
Roller	_____	_____	Iron Worker	_____	_____	_____	_____	_____
Backhoe	_____	_____	Welder	_____	_____	_____	_____	_____
Combine	_____	_____	Mechanic	_____	_____	_____	_____	_____
Tractor	_____	_____	Laborer	_____	_____	_____	_____	_____
Truck Driver	_____	_____	Roofer	_____	_____	_____	_____	_____
Surveyor	_____	_____	Drywall/Taper	_____	_____			
Forklift	_____	_____	Pipe Layer	_____	_____			
Other:	_____	_____	Other:	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
<u>Forestry</u>	Years	Months	<u>Clerical</u>	Years	Month	<u>Food services</u>	Years	Months
Farm Hand	_____	_____	Word Process	_____	_____	Cook	_____	_____
Farming	_____	_____	Data-Process/Entry	_____	_____	Cashier	_____	_____
Grounds-Keeper	_____	_____	Bookkeeper	_____	_____	Hostess	_____	_____
Landscaping	_____	_____	Receptionist	_____	_____	Other:	_____	_____
Other:	_____	_____	Filing	_____	_____	_____	_____	_____
_____	_____	_____	Shorthand/WPM	_____	_____	_____	_____	_____
_____	_____	_____	Other:	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			

Other Experience or Special Skills, Certifications, etc:

Employment History

Please list below (if applicable) your employers starting with your most recent employment.

<p>Employer's Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Position: _____ Dates employed: _____ to _____</p> <p>Primary Duties Performed: _____</p> <p>_____</p> <p>Supervisor's Name: _____ Reason for Leaving: _____</p> <p>May we contact: Yes _____ No _____</p>
<p>Employer's Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Position: _____ Dates employed: _____ to _____</p> <p>Primary Duties Performed: _____</p> <p>_____</p> <p>Supervisor's Name: _____ Reason for Leaving: _____</p> <p>May we contact: Yes _____ No _____</p>
<p>Employer's Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Position: _____ Dates employed: _____ to _____</p> <p>Primary Duties Performed: _____</p> <p>_____</p> <p>Supervisor's Name: _____ Reason for Leaving: _____</p> <p>May we contact: Yes _____ No _____</p>

References

Please provide the names of the three (3) persons, not related to you, whom you have known for at least one (1) year.

Name	Phone Number	Years Known
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Name	Phone Number	Years Known
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Name	Phone Number	Years Known
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I certify that all statements made by me on this application are true, complete, and correct to the best of my knowledge. I hereby grant the Tribal Employment Rights Office (TERO) and its staff to confirm by personal inquiry or otherwise, the information I have given on this Tribal Labor Surplus Pool Application. I understand that any willful misrepresentation of facts given on this application may result in the denial of the application and prevent referrals to potential employer. If employed, I hereby authorize my employer to release a post-employment evaluation form. I understand that it is my responsibility to update my application as my information changes. I understand that I may be required to participate in training that is provided or referred by Tribal Employment Rights Office.

By initialing, I give the **TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO)** permission to share my **TRIBAL LABOR SURPLUS POOL APPLICATION** information with all Tribally owned entities, all Tribal Human Resources Departments, all TERO certified businesses, and any other departments, agencies, or companies for the purpose of obtaining employment consideration.

Applicant's Signature

Date

Form: #0901
Date: (01/09, 06/17 DSH)