



THE SENECA NATION OF INDIANS

TRIBAL EMPLOYMENT RIGHTS OFFICE

Allegheny Territory

P.O. Box 231

Salamanca, New York 14779

(716) 945-1790, ext. 3046 Fax: (716) 945-8989

Cattaraugus Territory

12837 Route 438

Irving, New York 14081

(716) 532-4900, ext. 5413 Fax: 532-8326

Skill Bank Form

Instructions: This application will be maintained in the TERO Office for a period of one (1) year. Complete all sections of this application. Please attach a copy of your Tribal ID, any certifications or licenses that you possess and any other documents pertinent to your eligibility for preference and job qualification.

PERSONAL INFORMATION:

NAME: _____ DATE OF BIRTH _____

ADDRESS _____

VALID TELEPHONE # _____ ALTERNATE PHONE # _____

ENROLLED SENECA? Yes No ENROLLMENT #: _____

Other Tribe: _____

(Must provide documentation of Indian Status to be eligible for Indian Preference)

Non-Native: If you are a supporter of an Indian family, please identify the qualifying name and provide documentation of Indian Family: _____

Are you a veteran? Yes No Branch: _____ Years served: _____ to _____ Honorable discharge? Yes No

Do you have a valid driver's license? Yes No CDL: Yes No Any other Class of Driver's License? _____

Apprenticeship or Union Member? Yes No If yes, please identify Local No. & Location: _____

EDUCATION/TRAINING:

Education	Name & Location	Dates Attended	Graduated	Degree/Field
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
G.E.D.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Technical School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Vocational Training (Specify): _____

List any Special Skills Training (Haz-Mat, Flagging Certification, Confined Space, etc.): _____

EMPLOYMENT INTEREST:

Job interests: 1) _____ 2) _____ 3) _____

I authorize the Seneca Nation of Indians Tribal Employment Rights Office to release my Skill Bank Information for job opportunities that I may be qualified for. I agree to update my file on a yearly basis in order to remain active.

Signature: _____ Date: _____