

## THE SENECA NATION OF INDIANS

## TRIBAL EMPLOYMENT RIGHTS OFFICE

<u>Allegany Territory</u>
P.O. Box 231
Salamanca, New York 14779
(716) 945-1790, ext 3543 Fax: (716) 945-8989

<u>Cattaraugus Territory</u> 12837 Route 438 Irving, New York 14081 (716) 532-4900, ext. 5413 Fax: 532-8326

## **Skill Bank Form**

<u>Instructions</u>: This application will be maintained in the TERO Office for a period of <u>one</u> (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 INFORMA	TION:					
NAME:			DATE OF BIRTH			
ADDRESS						
VALID TELEPHONE #:_	NE #:		SOCIAL SECURITY #:			
ENROLLED SENECA?	Yes No El		NROLLMENT #:			
Non-Native: If you a	fust provide documentation are a supporter of an Indian Family:	ndian family, ple	ase identify t	he qualifying r	name and provide	
Are you a veteran? Yes N Do you have a driver's licens Apprenticeship or Union Mer	e? Yes No CDL: Y mber? Yes No If yo	es No Any o	other Class of D	river's License? _		
EDUCATION/TRAIN	<u>ING</u> :					
Education	Name & Loc	cation	Dates Attended	Graduated	Degree/Field	
High School				Yes No		
G.E.D.				Yes No		
College				Yes No		
Trade/Technical School				Yes No		
Vocational Training (Sp List any Special Skills T	• /	ngging Certificat	ion, Confined	1 Space, etc.):		
EMPLOYMENT INTI	EREST:					
Job interests: 1)	2)		3)			
I authorize the Seneca Natopportunities that I may be Signature:	e qualified for. I agree	to update my file	on a yearly ba	asis in order to r		
Digitature.				_ Daw		