



# WORKER APPLICATION

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*This information will be secured*

Name \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone # 2 \_\_\_\_\_

Address (include city & zip code)

\_\_\_\_\_

EMAIL Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Must Provide Proof: Tribal ID Copies

### TRIBAL PREFERENCE (Membership of a federally recognized Tribe)

Tulalip Member \_\_\_\_\_  
Spouse/Parent/Child of/Guardian of Tulalip: (please indicate which) \_\_\_\_\_  
Other Native - Tribe: \_\_\_\_\_  
Other Native Spouse - Tribe: \_\_\_\_\_  
Descendent of Tulalip – Lineage: \_\_\_\_\_

Enrollment # \_\_\_\_\_  
Enrollment # \_\_\_\_\_  
Enrollment # \_\_\_\_\_  
Enrollment # \_\_\_\_\_

### CERTIFICATIONS/LICENSE/OTHER

Do you have a current Flagger's Card? No \_\_\_\_\_ Yes \_\_\_\_\_ Expiration \_\_\_\_\_  
Do you have a current First Aid/CPR Card? No \_\_\_\_\_ Yes \_\_\_\_\_ Expiration \_\_\_\_\_  
Do you have a CDL License? No \_\_\_\_\_ Yes \_\_\_\_\_ Expiration \_\_\_\_\_  
Do you have DEPENDABLE transportation? No \_\_\_\_\_ Yes \_\_\_\_\_  
Are you willing to commute? No \_\_\_\_\_ Yes \_\_\_\_\_ Distance \_\_\_\_\_  
Did you complete the TERO Construction Training? No \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_

Other Certificates \_\_\_\_\_

### UNION MEMBERSHIP

No \_\_\_\_\_ Yes Union \_\_\_\_\_ Local \_\_\_\_\_ Years \_\_\_\_\_

**PLEASE FILL IN THE TOTAL YEARS OR MONTHS OF EXPERIENCE**

**BUILDING TRADES**

CARPENTER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FRAMER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FINISHER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
SIDER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
ROOFER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
GLAZIER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
PLUMBER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
ELECTRICIAN \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
TILER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
HARD WOOD \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
CARPET LAYER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
PAINTER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
LABOR \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FLOORING \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
IRON WORKER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
REBAR \_\_\_\_\_ YRS \_\_\_\_\_ MOS

WELDER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
CONCRETE \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
PAVEMENT/ASPHALT \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FOUNDATION \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FINISHER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
PERVIOUS \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
CURB \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
STRIPING \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
TAPER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
DRYWALL/HANGER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
METAL STUD DRYWALL \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
LANDSCAPING \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
IRRIGATION \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
HATCHERY \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
DEMOLITION \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
TAGGING/SPAWNING \_\_\_\_\_ YRS \_\_\_\_\_ MOS

OTHER \_\_\_\_\_ YRS \_\_\_\_\_ MOS

**EQUIPMENT OPERATORS**

FORKLIFT \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
DOZER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
LOADER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
ROLLER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
TRACKHOE \_\_\_\_\_ YRS \_\_\_\_\_ MOS

**EVENTS**

STAFF \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
COOKS \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
LEAD \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FIRE TENDER \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
ASSISTANT \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FISH COOK \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
FISH COOK ASST \_\_\_\_\_ YRS \_\_\_\_\_ MOS

**REFERENCES (Provide three (3) WORK References)**

NAME \_\_\_\_\_ Contact Number \_\_\_\_\_

NAME \_\_\_\_\_ Contact Number \_\_\_\_\_

NAME \_\_\_\_\_ Contact Number \_\_\_\_\_

ALL PERSONS WILL BE INTERVIEWED BY EMPLOYER BEFORE JOB PLACEMENT; PLEASE ENSURE ALL SKILLS ARE ACCURATE TO AVOID POTENTIAL JOB LOSS.

**\*IF YOU DECLINE 3 OPPORTUNITIES, YOU WILL NOT BE CALLED /CONSIDERED FOR 6 MONTHS FOR DISPATCH!**

BY SIGNING I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR INELIGIBILITY OF PLACEMENT.

SIGNATURE OF APPLICANT

DATE