



Ute Mountain Ute Tribe TERO
PO Box 234, 420 Sunset Blvd.
Towaoc, CO 81334
(970) 565-3751 Ext.717, 715, 716



Please submit the following documents:

- Tribal I.D.
- Copies of any certificates or licenses that you possess
- Other documents that may verify eligibility for preference and job qualification

COMPLETE ALL SECTIONS OF THIS APPLICATION

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Message :(_____) _____ Email: _____

DOB: _____ Male _____ Female _____

Name of a person that we may contact to leave a message: _____ Phone #: _____

Are you a member of the Ute Mountain Ute Tribe? YES ___ NO ___ Enrollment No: _____

Are you a child of an enrolled member of the Ute Mountain Ute Tribe? YES ___ NO ___

Are you a spouse of an enrolled member of the Ute Mountain Ute Tribe? YES ___ NO ___

Are you an enrolled member of a Federally Recognized Tribe? YES ___ NO ___

If so what Tribe? _____

Do you have a Valid Driver's License? YES ___ NO ___ License # _____ Exp: _____

Do you have a CDL? YES ___ NO ___

Are you a member of a Union? YES ___ NO ___

If yes, please identify Local No. & Location _____

Do you have a HS Diploma or GED? YES ___ NO ___

Do you have a Technical Certificate or College Degree? YES ___ NO ___

Are you Computer Literate? YES ___ NO ___ Check all computer programs used:

Word processing ___ Spreadsheets ___ Data Bases ___ Graphics ___ Desktop Publishing ___

Do you possess the following?

Food Handler Certificate ___ First Aid/CPR ___ Haz-Mat or Hazwopper ___

EMT or CAN ___ Certified Flagger ___ OSHA 10/30 ___



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Other Certifications or Licenses: _____

I AM QUALIFIED TO BE REFERRED TO THE FOLLOWING: (INDICATE THE NUMBER OF MONTHS AND YEARS OF WORK EXPERIENCE OR TRAINING BELOW)						
EQUIPMENT OPERATOR	YEARS	MONTHS		BUILDING TRADES	YEARS	MONTHS
DOZER				CARPENTER		
LOADER				FRAMER		
SCRAPER				DRYWALL		
CRANE				PLUMBER		
OILER				ELECTRICIAN		
DRILLER				PAINTER		
GRADER				CEMENT MASON		
FORESTRY	YEARS	MONTHS		INSULATION		
SAWYER				FLOORS		
SCALER				IRONWORKER		
THINEER				WELDER		
PLANTER				MECHANIC		
FIRE FIGHTER				ROOFER		
LOGGER				LABORER		
MISCELANEOUS	YEARS	MONTHS		FOOD SERVICES	YEARS	MONTHS
TRUCK DRIVER				COOK		
LANDSCAPER				WAITRESS		
SURVEYOR				NUTRITIONIST		
PIPE LAYER				CASHIER		
FLAGGER				CUSTODIAN		
HVAC						

Prior Employment History

Employer:	Dates:	Position:
Detail of Duties		

Employer:	Dates:	Position:
Detail of Duties		

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SURVEY:

- 1) DO YOU HAVE YOUR OWN EQUIPMENT AND/OR TOOLS FOR THE POSITION(S) YOU ARE APPLYING FOR? ()YES ()NO
- 2) DO YOU HAVE YOUR OWN TRANSPORTATION? ()YES ()NO
- 3) ARE YOU WILLING TO TRAVEL OUT OF TOWN TO WORK? ()YES ()NO
- 4) CAN YOU PERFORM THE DUTIES REQUIRED FOR THE POSITON YOU ARE APPLYING FOR WITHOUT SUPERVISION? ()YES ()NO

READ AND SIGN STATEMENT

I hereby affirm the information provided on this application and any other paper that I supply is true and correct to the best of my knowledge. I also agree any falsified information or significate omission may disqualify me from consideration for employment and my result in my dismissal if discovered at a later date.

I understand that it is my responsibility to keep in regular contact with this office to remain in “AVAILABLE TO WORK” status.

Also, that the Ute Mountain Ute Tribe supports an alcohol/drug free workforce and all applicants may be subject to a random drug test. *NOTE: a positive test and/or failure to appear for a drug test may be grounds for suspension or termination.

SIGNATURE: _____ DATE: _____

<p><u>For Office use Only:</u> <input type="radio"/> New Client Registration <input type="radio"/> Update Registration <input type="radio"/> Relicense</p> <p>Training: _____</p> <p>Date Received: _____ Date entered into Database: _____ Training: _____</p>

Revised 6/20