



Confederated Tribes of the Umatilla Indian Reservation  
Tribal Employment Rights Office – TERO  
46411 Ti'mine Way | Pendleton, OR 97801  
Office (541) 429-7506 | Fax (541) 429-7190 | email: [terostaff@ctuir.org](mailto:terostaff@ctuir.org)

## 2024 TERO SKILLS SURVEY

Date: \_\_\_\_\_

### Personal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please provide proof of enrollment- If not enrolled, please specify: Descendent  Spouse  Other

Do you have high school diploma or GED? Yes  No  If yes, which? GED  Diploma   
Do you have a college degree? Yes  No  If yes, what degree? \_\_\_\_\_  
Do you have reliable transportation? Yes  No   
Are you willing to relocate? Yes  No

Do you have a valid driver's license? Yes  No   
Do you have a CDL? Yes  No  If yes, what class? \_\_\_\_\_  
List any endorsements you may have: *hazmat; doubles/triples; tank; passenger; etc.* \_\_\_\_\_

Do you belong to a Union? Yes  No   
If yes, Name: \_\_\_\_\_ Local #: \_\_\_\_\_  
Flagger Certification: Yes  No  If yes, exp. Date: \_\_\_\_\_  
First Aid/CPR: Yes  No  If yes, exp. Date: \_\_\_\_\_

### List all relevant training, formal or informal

Field	Location	How Long? Completed?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill in the total years (YRS) and/or months (MOS) that you have worked in each field  
*(Please attach proof of certifications and/or expirations of licenses)*

**Equipment Operator:**

Asphalt Paver	MOS	_____	YRS	_____
Backhoe	MOS	_____	YRS	_____
Boomtruck	MOS	_____	YRS	_____
Bulldozer	MOS	_____	YRS	_____
Crane	MOS	_____	YRS	_____
Dump Truck	MOS	_____	YRS	_____
Excavator	MOS	_____	YRS	_____
Forklift	MOS	_____	YRS	_____
Front Shovel	MOS	_____	YRS	_____
Grader	MOS	_____	YRS	_____
Loader	MOS	_____	YRS	_____
Pile Driver	MOS	_____	YRS	_____
Roller	MOS	_____	YRS	_____
Scraper	MOS	_____	YRS	_____
Skidder	MOS	_____	YRS	_____
Street Sweeper	MOS	_____	YRS	_____
Tractor	MOS	_____	YRS	_____
Truck Driver	MOS	_____	YRS	_____
Other:				
_____	MOS	_____	YRS	_____
Laborer	MOS	_____	YRS	_____
Flagger	MOS	_____	YRS	_____

**Building Trades:**

Asbestos Removal	MOS	_____	YRS	_____
Brick & Stone Mason	MOS	_____	YRS	_____
Carpenter	MOS	_____	YRS	_____
Cement Mason	MOS	_____	YRS	_____
Drywall	MOS	_____	YRS	_____
Electrician	MOS	_____	YRS	_____
Fence Builder	MOS	_____	YRS	_____
Flooring	MOS	_____	YRS	_____
Framer	MOS	_____	YRS	_____
Glazier	MOS	_____	YRS	_____
HVAC	MOS	_____	YRS	_____
Insulation	MOS	_____	YRS	_____
Ironworker	MOS	_____	YRS	_____
Metal Worker	MOS	_____	YRS	_____
Mechanic	MOS	_____	YRS	_____
Millwright	MOS	_____	YRS	_____
Painter	MOS	_____	YRS	_____
Pipe Laying	MOS	_____	YRS	_____
Plumber	MOS	_____	YRS	_____
Road Construction	MOS	_____	YRS	_____
Welder	MOS	_____	YRS	_____
Other:				
_____	MOS	_____	YRS	_____

**Landscaping:**

Irrigation Installation	MOS	_____	YRS	_____
Tree Planting	MOS	_____	YRS	_____
Sod Installation	MOS	_____	YRS	_____

**Miscellaneous Experience:**

_____	MOS	_____	YRS	_____
_____	MOS	_____	YRS	_____
_____	MOS	_____	YRS	_____

Please list any specialty skills that you have which are relevant to construction:

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**Employment History** *(list most recent employer first)*

Employer:			
Job Title:		Pay rate:	
Job duties:			
Employed	From (month/year)	To (month/year)	Reason for Leaving

Employer:			
Job Title:		Pay rate:	
Job duties:			
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Job duties:			
Employed	From (month/year)	To (month/year)	Reason for Leaving

**Emergency Contact**

In the event of an emergency, please provide contact information for someone you would like us to contact.

Name:	_____	Relationship:	_____
Home Address:	_____		
Home Phone:	_____	Cell Phone:	_____
Work Phone:	_____	e-mail:	_____

**Acknowledgment and Authorization**

By my signature below, I hereby affirm and acknowledge that the Tribal Employment Rights Office (TERO), upon request from the following: CTUIR Office of Child Support Enforcement (OSCE), the CTUIR Department of Children & Family Services (DCFS), and CTUIR Tribal Vocational Rehabilitation (TVR) and the Oregon Department of Transportation Office of Civil Rights, may share my information from this skills survey or from any employment opportunity that I may dispatched to through the TERO office.

By my signature below, I hereby affirm that all of the information that I have provided in this document is true and complete to the best of my knowledge. I authorize an official investigation of any statements and understand that any misrepresentations or omission of material facts is cause for removal from the TERO hiring hall. I agree to complete all pre-employment documents and/or examinations as may be required for an employment referral.

By my signature below, I hereby acknowledge that I understand that by submitting this skills survey that it in no way guarantees that I'll be referred by TERO for a job. I understand that if I am referred for a job, I may be required by the contractor/employer to conduct a Urine Analysis (U/A). I understand that each contractor may require this and that doing one U/A for one contractor does not carry over from job to job. I also understand that if I am referred for a job, that TERO is the referring agency and not my employer. Failing a drug test requires the TERO referral to successfully pass a drug test at their expense to be eligible for TERO projects.

Signature: _____	Date: _____
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Please Return to:

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