

REQ#	Date:	/ /	/

## CLIENT SERVICE APPLICATION

Tulalin Affiliation: Member	Spouse Parent	Child Guardian		
Enrollment Number of Represent	ted Tulalip Member: MUS	Γ HAVE PROOF		
SSN:				
Name:		Phone: ( ) -		
Address:		Message:		
City:	ZIP:	County:		
	_ Driver's Lic. #			
Tuition Drivers Ed	Work Licensing Work Experience	Clothes / Tools #		
1. Ross	4. The Home Depot	7. Big 5 Sporting Goods		
2. Fred Meyer	5. Whistle Workwear	8. Robert Wayne		
3. Work & More	6. Button Up Workwear	9. Nike		
Start Date	Phone:  :/ End Date:/  pleted by current employer if receiving Wo			
New Employer:				
Phone: Anticipated Duration:  I verify that the above named person will be working for our Company				
<u>i verny tin</u>	at the above hamed person will be working to	t our Company		
<b>Employers Signatur</b>	re Date	<u>/ / /</u> e		
any information found incorrect	ovided is correct, and understand that the TER t, I understand I will not be eligible for services of one (1) year.	through the TERO office for a period		
I give TERO pern	nission to receive information from Enrollment	Department if needed.		
Signature:		Date:/		
TERO Rep:		Date:/ /		

E-MAIL