



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 _____

