



PONCA TRIBE
OF NEBRASKA



WOODSTONE
INC

Name (please print)

Date

- Tribal Members that find employment and are active in the Job Bank may qualify for Supportive Services from the Ponca Tribe.
- If you are currently employed full-time with the Tribe or another entity owned by the Tribe, we strongly recommend that you keep your employment as these positions are temporary and may not offer benefits you may already have.
- Jobs will become available at different points throughout the construction process, not all jobs will be immediately available.
- I HAVE READ AND UNDERSTAND THE APPLICATION PROCESS.

Client Signature

Representative

Ponca Tribe of Nebraska
5805 S 86th Circle
Omaha, NE 68127

Office 402-934-0716
Fax
Toll Free

Personal Information *please print clearly.*

Date _____

Name _____
First Middle Initial Last

Address _____ City _____ St. _____ Zip _____

Telephone () _____ Emergency Contact () _____ Other () _____

Are you an enrolled member of the Ponca Tribe of Nebraska Y / N Enrollment # _____

Are you a parent and/or spouse of an enrolled Ponca Tribe of Nebraska Member Y /N Name _____

Are you enrolled in another federally recognized Tribe? Y / N What tribe _____

Availability / Certification / License

Are you available on a 24/7 basis _____ how far are you willing to travel _____

Do you have reliable transportation _____ Driver License Y / N Exp. _____ other license Y / N _____

Certificates _____

Education

High School / GED _____ did you graduate Y / N yr. _____

College / Tech _____ did you graduate Y / N degree _____

Trainings / Union _____

Work History

Do you have a RESUME Y / N

Employer			
Address			
Phone ()		Start	End
Supervisor	Position		
Job Duties			
Employer			
Address			
Phone ()		Start	End
Supervisor	Position		
Job Duties			

Employer					
Address					
Phone ()			Start	End	
Supervisor		Position			
Job Duties					

References

Name	Phone # ()
Name	Phone # ()
Name	Phone # ()

WITH THE EXCEPTION OF PERSONAL DATA WHICH IF FULLY COVERED BY THE PRIVACY ACT, ANY INFORMATION PROVIDED ON THIS APPLICATION MAYBE USED TO ASSIST YOU TO FIND SUITABLE EMPLOYMENT. PLEASE ATTACH ANY LICENCES, CERTIFICATES, AND RESUMES TO THIS FORM. BY SIGNING BELOW, YOU AUTHORIZE US TO SEND YOUR INFORMAMATION TO PROSPECTIVE EMPLOYERS.

Applicant Signature

Date

Skills Questioner

1. Carpentry	0-1 yrs.	1-4 yrs.	5-9 yrs.	10+ yrs.
Framing				
Dry Wall				
Blueprint Reading				
Roofing				
Siding				
OTHER				
2. Painter				
Brush				
Sprayer				
Roller				
OTHER				
3. Heavy Equipment				
Grader				
Water Truck				
Backhoe				
Tractor				
Bulldozer				
Forklift				
Front End Loader				
OTHER				
4. Welding				
5. Cement Work				
Concrete Mixer				
Concrete Forms				
Concrete Vibrator				
Concrete Finisher				
OTHER				
6. Construction				
Metal Roofing				
Blueprint Reading				
Brick Laying				
Pipeline				
Plumbing				
Road Construction				
7. Iron Work				
8. Electrical				
9. Other Not Listed				