

**Tribal Employment Rights Office
Classification Update**

Name: _____ Social Security Number _____ - _____ - _____
Last First Middle

Address: _____
P.O. Box or Street City State Zip Code

Telephone No: (____) _____ Alternative Telephone No: (____) _____

Date of Birth: _____ Age: _____ Sex: Male Female

PLEASE FILL IN THE BLANKS WITH THE AMOUNT OF TIME YOU HAVE WORKED IN ANY FIELD(S). SPECIFY THE NUMBER OF MONTHS OR YEARS YOU SPENT ACTUALLY ON THAT PARTICULAR JOB.

- | | |
|---|---|
| <p>A. Equipment Operator</p> <p>Dozer _____</p> <p>Loader _____</p> <p>Scraper _____</p> <p>Crane _____</p> <p>Oiler _____</p> <p>Driller _____</p> <p>Blade _____</p> <p>Combine _____</p> <p>Tractor _____</p> <p>Other _____</p> | <p>B. Clerical</p> <p>Word Processor _____</p> <p>Data Process _____</p> <p>Bookkeeper _____</p> <p>Receptionist _____</p> <p>Typist/WPM _____</p> <p>Filing _____</p> <p>Shorthand _____</p> <p>Speed Writing _____</p> <p>Transcriber _____</p> <p>Other _____</p> |
| <p>C. Labor _____</p> <p>E. Building</p> <p>Carpenter _____</p> <p>Framer _____</p> <p>Drywall _____</p> <p>Finish Carp _____</p> <p>Finish Roof _____</p> <p>Plumber _____</p> <p>Electrician _____</p> <p>Painter _____</p> <p>Mason _____</p> <p>Carpet _____</p> <p>Tile _____</p> <p>Insulation _____</p> <p>Ironworker _____</p> <p>Other _____</p> | <p>D. Forestry</p> <p>Sawyer _____</p> <p>Scale _____</p> <p>Thinner _____</p> <p>Planter _____</p> <p>Forestry Aid _____</p> <p>Logger _____</p> <p>F. Food Services</p> <p>Cook _____</p> <p>Waitress _____</p> <p>Nutritionist _____</p> <p>Other _____</p> <p>G. Truck Driver _____</p> |

H. Miscellaneous
Welder
Mechanic

I. Professional

Signature: _____

Date: _____