



Employment Request Form

E. Shoshone & N. Arapaho Tribes Tribal Employment
Rights Office- TERO
P.O. Box 460 Fort Washakie, WY 82514
(307) 332-9093/(307) 332-7618 Office

Business Name: _____

Contact Person (Please print): _____

Phone: _____ Email: _____

Project Name/Location: _____

Job Title	# of Positions	Start Date	Rate of Pay

Driver's License Required: Yes ___ No ___ If Yes Specify License Type: _____

How Long Will The Job Last: _____

Tools Needed: Yes ___ No ___ Explain: _____

PPE Provided: Yes ___ No ___ Explain: _____

Drug Test Required: Yes ___ No ___ Physical Required: Yes ___ No ___

Certification Requirements: _____

Additional Notes: _____

Do Not Sign Below Line – TERO Personnel Only

Received By: _____

Date: _____