

Catawba Indian Nation Talent Bank

*Sam Beck, Catawba Indian Nation Executive Committee Member
Jean Matthews, Vocational/Workforce Development Coordinator*

Section 1: Personal Information:

Please provide the most detailed information possible in the forms below.

| | | | |
|--|---|---|--|
| Name | | | Date |
| | | | |
| Street | City | State | Zipcode |
| | | | |
| Phone | Gender (Please check one) | | Age |
| () - | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-64 <input type="checkbox"/> 65+ |
| Obtained GED? If yes, when? | | Obtained High School Diploma? If yes, when and where? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | |
| Obtained Associate's Degree? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____ What area? _____ | | | |
| Obtained Bachelor's Degree? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____ What area? _____ | | | |
| Obtained Master's Degree? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____ What area? _____ | | | |
| Certifications/Licenses | | | |
| <input type="checkbox"/> Automotive Technology Certificate <input type="checkbox"/> Basic Electrical Certificate <input type="checkbox"/> AC/Heating Technician Certificate <input type="checkbox"/> Residential/Commercial Plumbing Certificate <input type="checkbox"/> Basic Welding Certificate <input type="checkbox"/> Patient Care Technology Certificate <input type="checkbox"/> Medical Assisting Certificate <input type="checkbox"/> Licensed CNA <input type="checkbox"/> Early Childhood Development Certificate | | <input type="checkbox"/> Heavy Equipment Operator Certificate <input type="checkbox"/> Forklift Operator Certificate <input type="checkbox"/> CDL Class A <input type="checkbox"/> CDL Class B <input type="checkbox"/> Cosmetology License <input type="checkbox"/> Project Management Certificate <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

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|---|--|
| Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list your business: _____ | |
| Would you like more information on starting your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, what type of business would you be interested in starting? _____ | |
| Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you: <input type="checkbox"/> working part-time? <input type="checkbox"/> working full-time? <input type="checkbox"/> unemployed? | |
| Are you actively seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you been actively seeking work for: <input type="checkbox"/> less than 6 months? <input type="checkbox"/> 6-12 months? <input type="checkbox"/> more than 12 months? | |
| Do you have any barriers to finding employment? _____ _____ _____ | |
| Have you ever done contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, how far? _____ | |
| Do or did you work in a tribal sector? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, where and what was your profession? _____ | |
| Do or did you work in a non-tribal sector? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, in what profession? _____ | |
| What vocational services have you received? Please check all that apply. | |
| <input type="checkbox"/> Resume help <input type="checkbox"/> GED funding <input type="checkbox"/> Job searching | <input type="checkbox"/> Retraining certificate <input type="checkbox"/> Paid OTJ program <input type="checkbox"/> Career assessment/counseling services |

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Section 2: Skills, Job Responsibilities, Experiences:

When completing this section please be as descriptive as possible. Companies are looking for specific experiences/ job responsibilities relating to the company's specific industry. Use the attached employment skills index only as a guide to helping you describe your current or past job responsibilities and or skills.

Note: The skills index guide is only an example to help you get started. Not all industries, skills or job responsibilities are listed. The more information you can give the easier it will be to match your unique qualifications to potential employment opportunities both on and off the reservation.

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|--|--|-------|
| Please list your work experience over the past 10 years, starting with your most recent experience first. | | |
| Experience 1 – Present or Most Recent | | |
| This job is: <input type="checkbox"/> Present <input type="checkbox"/> Most Recent | | |
| Name of Company/Employer | City | State |
| | | |
| Job Title | Dates of Employment | |
| | | |
| Industry | | |
| <input type="checkbox"/> Accounting & Finance <input type="checkbox"/> Administration/Call Center/Customer Service <input type="checkbox"/> Agriculture & Environment <input type="checkbox"/> Automotive <input type="checkbox"/> Computers & Technology <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food & Restaurant <input type="checkbox"/> Government & Military <input type="checkbox"/> Health Care/Wellness <input type="checkbox"/> Hotel & Hospitality <input type="checkbox"/> Installation & Repair Technician | <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal <input type="checkbox"/> Maintenance & Janitorial <input type="checkbox"/> Management <input type="checkbox"/> Media & Entertainment <input type="checkbox"/> Personal Care & Services/Salon/Spa/Fitness <input type="checkbox"/> Retail <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Skilled Trade <input type="checkbox"/> Social Services <input type="checkbox"/> Transportation <input type="checkbox"/> Warehouse/Manufacturing | |
| List all skills/job responsibilities required for this position. Please use the attached skills index as a guide to help you be as detailed as possible. Not all industries, skills or job responsibilities are listed. Describe any skills/job responsibilities that are or are not included on the index guide. | | |
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| Experience 2 | | |
|--|--|-------|
| Name of Company/Employer | City | State |
| | | |
| Job Title | Dates of Employment | |
| | | |
| Industry | | |
| <input type="checkbox"/> Accounting & Finance <input type="checkbox"/> Administration/Call Center/Customer Service <input type="checkbox"/> Agriculture & Environment <input type="checkbox"/> Automotive <input type="checkbox"/> Computers & Technology <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food & Restaurant <input type="checkbox"/> Government & Military <input type="checkbox"/> Health Care/Wellness <input type="checkbox"/> Hotel & Hospitality <input type="checkbox"/> Installation & Repair Technician | <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal <input type="checkbox"/> Maintenance & Janitorial <input type="checkbox"/> Management <input type="checkbox"/> Media & Entertainment <input type="checkbox"/> Personal Care & Services/Salon/Spa/Fitness <input type="checkbox"/> Retail <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Skilled Trade <input type="checkbox"/> Social Services <input type="checkbox"/> Transportation <input type="checkbox"/> Warehouse/Manufacturing | |
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| Experience 3 | | |
|--|--|-------|
| Name of Company/Employer | City | State |
| | | |
| Job Title | Dates of Employment | |
| | | |
| Industry | | |
| <input type="checkbox"/> Accounting & Finance <input type="checkbox"/> Administration/Call Center/Customer Service <input type="checkbox"/> Agriculture & Environment <input type="checkbox"/> Automotive <input type="checkbox"/> Computers & Technology <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food & Restaurant <input type="checkbox"/> Government & Military <input type="checkbox"/> Health Care/Wellness <input type="checkbox"/> Hotel & Hospitality <input type="checkbox"/> Installation & Repair Technician | <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal <input type="checkbox"/> Maintenance & Janitorial <input type="checkbox"/> Management <input type="checkbox"/> Media & Entertainment <input type="checkbox"/> Personal Care & Services/Salon/Spa/Fitness <input type="checkbox"/> Retail <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Skilled Trade <input type="checkbox"/> Social Services <input type="checkbox"/> Transportation <input type="checkbox"/> Warehouse/Manufacturing | |
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| Experience 4 | | |
|--|--|-------|
| Name of Company/Employer | City | State |
| | | |
| Job Title | Dates of Employment | |
| | | |
| Industry | | |
| <input type="checkbox"/> Accounting & Finance <input type="checkbox"/> Administration/Call Center/Customer Service <input type="checkbox"/> Agriculture & Environment <input type="checkbox"/> Automotive <input type="checkbox"/> Computers & Technology <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food & Restaurant <input type="checkbox"/> Government & Military <input type="checkbox"/> Health Care/Wellness <input type="checkbox"/> Hotel & Hospitality <input type="checkbox"/> Installation & Repair Technician | <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal <input type="checkbox"/> Maintenance & Janitorial <input type="checkbox"/> Management <input type="checkbox"/> Media & Entertainment <input type="checkbox"/> Personal Care & Services/Salon/Spa/Fitness <input type="checkbox"/> Retail <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Skilled Trade <input type="checkbox"/> Social Services <input type="checkbox"/> Transportation <input type="checkbox"/> Warehouse/Manufacturing | |
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