



**The Education Department
Tribal Professional Development (TPD) Program**

**Student Work Experience Program Application
Spring 2023**

Application Deadline: February 10, 2023

Please email/scan applications to KajirHarriot@semtribe.com

OR

Submit to your Education Department local office

Student: _____

Member #: _____

Reservation: _____

Age (*must be between 14-24*): _____

Dates of Spring Break: _____

Please Check Below

- I have met with an Education staff member regarding this Spring SWEP application and opportunity.
- I have **NOT** met with an Education staff member regarding this Spring SWEP application and opportunity.

In addition to a complete application, please submit the following documents:

- Copy of your Social Security Card
- Copy of valid Tribal Member ID Card or Government ID (*Driver license, etc.*)
- High School, Middle School, or GED students: Copy of Current (*2022-2023*) attendance record
- Higher Ed or Adult GED students: Copy of High School Diploma or GED

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Student Work Experience Program Application
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STUDENT INFORMATION

First Name: _____ Last Name: _____ Initial: _____ Suffix: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Sex: (M) (F) SS#: _____ M#: _____

Reservation: **BC** **BR** **FP** **HW** **IM** **NA** **TP**

TR **Non-Resident**

If NR, What is your original Reservation? _____

GUARDIAN/EMERGENCY CONTACT

Name: _____ Phone Number: _____
Relationship: _____ Email Address: _____

EDUCATION INFORMATION (Please list current or most recent):

School Name: _____
City: _____ State: _____ Zip: _____
Dates Attended: (From) _____ (To) _____ Degree: Yes No
Major/Minor: _____

LIST YOUR SKILLS AND ABILITIES (i.e. computer knowledge, language, filing, phones, etc....)

WORK HISTORY *(Please list most r position first)*

Company Name: _____ Position: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Supervisor: _____

Hourly Salary: \$ _____ Date Employed: (From) _____ (To) _____

Reason for Leaving: _____ May we contact? Yes No

If no, please explain why:

Have you been employed with the STOF in the past? Yes No

Have you been a Work Experience Program (WEP) participant in the past? Yes No

What department(s)? _____

When? _____

Have you been a Student Work Experience Program (SWEP) participant in the past? Yes No

What department(s)?

When? _____

PERSONAL HISTORY

Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives? Yes No

If Yes, Name of Relative(s) and Division(s):

Do you have a valid Florida Driver's License? Yes No

If Yes, please list license number and date of expiration: _____ Exp: _____

Are you a U.S. Citizen? Yes No

Do you have any disabilities that would require special accommodations? *(Disabilities will not disqualify an applicant from employment)* Yes No

If yes, please describe: _____

DEPARTMENT PLACEMENT *(Where do you wish to work? Please list 3 options)*

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Reservation: _____
Reservation _____
Reservation _____

PREFERRED DEPARTMENTS

What departments are you interested in working for? **(Choose only 3)**
(Please note that placement is based on skillset, availability and background results, the TPD Program reserves the right to select the most suitable available department.)

- | | | |
|---|---|--|
| <input type="checkbox"/> 4-H Programs | <input type="checkbox"/> Environmental Resources (ERMD) | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Fire Rescue | <input type="checkbox"/> Rock Mining |
| <input type="checkbox"/> Ahfachkee School | <input type="checkbox"/> Florida Seminole Tourism | <input type="checkbox"/> Office of Trust Management |
| <input type="checkbox"/> BC Campground | <input type="checkbox"/> General Counsel | <input type="checkbox"/> Okalee Village |
| <input type="checkbox"/> Billie Swamp Safari | <input type="checkbox"/> Health | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Housing | <input type="checkbox"/> Rodeo Programs |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Seminole Media Productions |
| <input type="checkbox"/> CSSS | <input type="checkbox"/> Hunting & Wildlife | <input type="checkbox"/> Seminole Police Department |
| <input type="checkbox"/> Center for Behavioral Health | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Smoke Shop |
| <input type="checkbox"/> Chairman/Council Personnel | <input type="checkbox"/> Museum/THPO | <input type="checkbox"/> Trading Post |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Preschool | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Culture/Community Culture | <input type="checkbox"/> Public Works | <input type="checkbox"/> Tribal Community |
| <input type="checkbox"/> Elder Services | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Tribal Community
Development |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Recreation | <input type="checkbox"/> Tribal Court |
| | | <input type="checkbox"/> Tribal Secretary |
| | | <input type="checkbox"/> Other: _____ |

Please list your hour availability for each day

MON: _____
TUE: _____
WED: _____
THU: _____
FRI: _____

SAT: _____
SUN: _____

APPLICANT’S STATEMENT AND CONDITIONS OF EMPLOYMENT

I hereby agree that the information supplied is true to the best of my knowledge. It is agreed and understood that completion of this application does not mean an opportunity exists and in no way obligates The Seminole Tribe of Florida to employ me in the Student Work Experience Program.

Moreover, I understand that any potential offer to participate in the Student Work Experience would be contingent upon reference checking, the passing of a pre-employment drug screen and background check. I hereby authorize The Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screening and a background investigation. I hereby understand and acknowledge that any employment relationship with The Seminole Tribe of Florida and its programs is of an “At-Will” nature, which means that I may resign at any time and The Seminole Tribe of Florida may discharge me at any time, with or without notice, and with or without cause, for any reason or for no reason at all.

In the event of employment in the Student Work Experience, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Student Work Experience.

Parent/ Legal guardian will be notified of any absences of minor Work Experience Program participants during the Student Work Experience Programs. I also understand that The Seminole Tribe of Florida and programs retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

Applicant’s Signature: _____ Date: _____
Parent/Legal Guardian Signature: _____ Date: _____

(Parent Signature required if student is a minor)

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Date received: _____ Department: _____
Start Date: _____
TPD Program Staff Signature: _____