



SEMINOLE TRIBE OF FLORIDA

Education Department

3100 N 63rd Ave.

Hollywood, FL 33024

Phone: 954-989-6840

Email: tpd@semtribe.com

Website: <https://www.seminoleeducation.com/programs/tribal-professional-development>

WORK EXPERIENCE PROGRAM (WEP) APPLICATION

Please complete all fields even if a resume has been provided.
This application will only be considered active for 60 days from the date signed.
To be considered after that date, a new application must be completed.
The Seminole Tribe of Florida maintains a drug free workplace.

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Home Phone: _____ Cell Phone: _____
Email Address: _____
Tribal Member # _____

EMERGENCY CONTACTS (Please list two contacts)

First Name: _____ Last Name: _____ Relationship: _____
Cell Phone: _____ Email Address: _____
First Name: _____ Last Name: _____ Relationship: _____
Cell Phone: _____ Email Address: _____

GENERAL INFORMATION

Have you participated in the Work Experience Program before? Yes No
If yes, please advise the last date of participation: _____
Date Available to Report to Work: _____ Full-Time Part-Time
Please check the appropriate box if you can speak either or both Creek Mikasuki
of the following Native languages:
Do you have a valid Florida Driver's License?
If yes, please list the license number and date of expiration: #: _____ Expires: _____

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Have you been convicted of a crime or violation, other than a minor traffic infraction, including a plea of nolo contendere, no contest, or adjudication withheld? (your answers will be checked against local, state and federal records)

Yes

No

(Conviction will not necessarily disqualify an applicant from employment; any inaccurate responses will disqualify an applicant from employment)

If YES, please explain and provide dates:

Can you perform essential functions of the job you are applying for (with or without reasonable accommodation)?

Yes

No

What departments are you interested in working for? (Choose only 3)

(Please note that placement is based on skillset, availability, and background results. The Tribal Professional Development Program reserves the right to select the most suitable available departments)

1. _____ 2. _____ 3. _____

ATTENDANCE AND PUNCTUALITY

Consistent attendance and punctuality are essential requirements of every position with The Seminole Tribe of Florida, are you able to meet the attendance requirements?

Yes

No

If you have questions about the specific Attendance requirements applicable to the position, ask the interviewer before you answer this question.

PRE-PLANNED ABSENCES

Do you anticipate needing any time off from work within your first 90 days of participation in WEP?

Yes

No

(e.g., for personal reasons, vacation, school, or medical appointments)?

If yes, please disclose any dates that you foresee taking time off

EDUCATION

<u>Level:</u>	<u>Name and Address</u>	<u>Major</u>	<u>Diploma/Degree/Certification and Date Received</u> <i>(If none, so state)</i>
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High School:

College:

Technical/Other:

If applying for a teaching position, please provide your Department of Education (DOE) number: _____

List any clerical, computer skills or other job skills you offer and include any office equipment you can operate:

List any professional or civic organizations that you are presently a member of and note any offices held:

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EMPLOYMENT HISTORY

Please list your three previous employers, starting with your current or most recent position. (include military service)

Company Name:	Dates Worked:
	From: _____ To: _____
Address:	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we contact? Yes No
	If No, please explain why:

Company Name:	Dates Worked:
	From: _____ To: _____
Address:	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we contact? Yes No
	If No, please explain why:

Company Name:	Dates Worked:
	From: _____ To: _____
Address:	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we contact? Yes No
	If No, please explain why:

Have you ever been involuntary discharged (terminated or asked to resign), or allowed to resign in lieu of termination from a position?	Yes	No
If yes, explain the circumstances:		

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing)

It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Seminole Tribe of Florida to employ me.

I certify that the answers I have provided on this employment application are true, correct and complete. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any discovery by the Company of any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or verbally will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. If driving is a condition of my employment, I agree to immediately notify the Seminole Tribe of Florida if my driver's license is suspended or revoked. I understand that if employed it is not for a definite period of time and that either the undersigned or the Seminole Tribe of Florida may end the employment relationship at any time, without specified notice or reason.

Moreover, I understand that any consideration for employment is contingent upon reference checking, my successfully passing a pre-employment drug screen, the background investigation process, and verification of my identity and my employment eligibility. I understand the Seminole Tribe of Florida participates in the Florida Department of Law Enforcement's VECH Program and obtains state and federal criminal history information through that program and I hereby authorize the Seminole Tribe of Florida to conduct any FDLE criminal checks, as well as any reference checks, a pre-employment drug screen, and other appropriate background investigation. I further agree, as a condition of my application for employment, to submit to any post-offer medical examination if requested, based on the requirements of the position that I may be considered for. If the Seminole Tribe of Florida uses third parties (other than through FDLE) to obtain this information about me then I understand that separate Fair Credit Reporting Act (FCRA) Disclosures and Authorizations for consumer reports and investigative consumer reports) will be required to be completed at the appropriate time during the application process.

I hereby understand and acknowledge that any employment relationship with the Seminole Tribe of Florida 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, I will comply with all policies and procedures of the Seminole Tribe of Florida. I also understand that the Seminole Tribe of Florida retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE SEMINOLE TRIBE OF FLORIDA AND ANY RELATED ENTITY.

Applicant's Signature: _____ Date: _____

Print Name: _____

PHOTO AND VIDEO DISCLAIMER

The Tribal Professional Development Team reserves the right to use any photograph/video taken at any event sponsored by the STOF, without the expressed written permission of those included within the photograph/video. The TPD Team may use photograph/video in publications or other media material produced, used or contracted by the TPD Team including but not limited to brochures, invitations, books, newspapers, magazines, television, websites, etc.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian.



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RELEASE AND AUTHORIZATION FORM

Applicant Name: _____ Position: _____

I hereby authorize the Seminole Tribe of Florida Human Resources Department, or its designee, to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Seminole Tribe of Florida may conduct all or part of the investigation. I also acknowledge and agree that the Human Resources Department, or its designee, may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and any other person who may have knowledge of my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information (e.g., record of civil judgment, criminal history, motor vehicle violations, tax liens or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to the Seminole Tribe of Florida's evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Human Resources Department, who may in turn disclose said information to a Hiring Manager, or the Tribal Council. I further understand the Seminole Tribe of Florida participates in the Florida Department of Law Enforcement's VECH Program and obtains state and federal criminal history information through that program and I hereby authorize the Seminole Tribe of Florida to conduct any, and all available FDLE criminal checks and understand that it may require me to provide fingerprints through the VECH Program.

I hereby release the Seminole Tribe of Florida, and any person providing information in connection therewith, from any, and all liability that may arise in connection with the above-described background investigation. In authorizing such investigation, I also voluntarily agree to provide any supplemental data required to ensure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so, it will be used only in connection with the investigation authorized herewith.

I have also been advised and understand that this information will become privileged to the Seminole Tribe of Florida and may become part of the confidential record of the Seminole Tribe of Florida to which I will not have access. I hereby release, discharge, and exonerate the Seminole Tribe of Florida, its agencies and representatives, and any other persons so furnishing information from any, and all liability, or every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Seminole Tribe of Florida.

Printed Name of Applicant

Signature of Applicant

Date