



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

**Summer 2023 Student Work Experience Program Application
June 12 thru August 4**

**Application Deadline: May 12, 2023
Drop off in-person by 5pm EST
Email applications by 11:59 pm**

**SWEP 2023 spots are very limited.
Vacancies will be filled as completed applications are received; on a first come, first served basis.**

Student Name: _____ Member #: _____

Reservation (*where you plan to work*): _____ Age (*MUST be between 14-24*): _____

Please Answer Questions Listed Below

1. Do you plan to take any time off during the Summer Work Experience Program? Yes No
If so, please list the dates that you will be absent: _____
2. What school will you attend in 2023-2024 school year? _____
3. When is your first day of school? _____
4. Have you spoken with any Education staff member regarding this Summer SWEP application and opportunity?
 Yes No

In addition to a completed 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.*)
- Proof of enrollment or completion of Middle/High School or GED (*verified by Education*)

Tribal Professional Development (TPD) Program

Student Work Experience Program Application

Summer 2023

Please email/scan applications to KajirHarriot@semtribe.com

OR

Submit to your local Education Department office.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Initial: _____ Suffix: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Sex: (M) (F) SS#: _____ - _____ - _____ Member #: _____

Reservation where you reside: **BC** **BR** **FP** **HW** **IM** **NA**
TP **TR** **Non-Resident**

GUARDIAN/EMERGENCY CONTACT

Parent 1

Name: _____ Phone Number: _____

Relationship: _____ Email: _____

Parent 2

Name: _____ Phone Number: _____

Relationship: _____ Email: _____

EDUCATION INFORMATION *(Please list current or most recent):*

School or GED Program: _____

City: _____ State: _____ Zip: _____

If you are currently attending middle/high school, what grade are you in? _____

Do you have a high school diploma or GED? Yes No

If you are attending a college or university, what is your Major/Minor? _____

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

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

**Department placement is dependent upon availability; first come, first served!*

First Choice: _____ Reservation: _____

Second Choice: _____ Reservation _____

Third Choice: _____ Reservation _____

Please list the times (hours) you are available for each day of the week.

MON: _____ SAT: _____

TUE: _____ SUN: _____

WED: _____

THU: _____

FRI: _____

WORK HISTORY *(Please list most current 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: _____

Please Answer the Questions Listed Below

1. Have you previously been employed by the Seminole Tribe of Florida? Yes No
2. Have you been a Work Experience Program (WEP) participant in the past? Yes No
What department(s)? _____
When? _____
3. Have you been a Student Work Experience Program (SWEP) participant in the past? Yes No
What department(s)? _____

When? _____

PERSONAL HISTORY

1. 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): _____

What is your relationship to this relative? _____

2. Do you have a valid Florida Driver's License? Yes No
Driver's License number: _____ Expiration date: _____
3. Are you a U.S. Citizen? Yes No
4. Do you have any disabilities that would require special accommodations? (*Disabilities will not disqualify an applicant from employment*)
 Yes No

If yes, please describe the accommodations you will require: _____

EMPLOYEE RESPONSIBILITIES

**Student Worker must sign this section*

Student Initials and Signature

- SWEP employees will demonstrate honesty, punctuality and a cooperative attitude.
- SWEP employees will adhere to assigned department's dress code.
- SWEP employees will adhere to the policies, rules and regulations of the assigned department.
- SWEP employees are responsible for reporting their hours into Kronos, in a timely and accurate manner.
- SWEP employees will maintain strict confidentiality; for all sensitive/confidential information encountered while performing their job duties.
- SWEP employees will be adaptable and able to adjust to the work environment.
- Department supervisors reserve the right to assign or change employee job duties.

Applicant's Signature: _____ Date: _____

(Student Signature REQUIRED)

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

Parent/Guardian and Student MUST sign

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 a reference check, the passing of a pre-employment drug screening and a background check. I hereby authorize The Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screening and a background investigation. I also understand and acknowledge that any employment opportunity with The Seminole Tribe of Florida and its programs is being offered at an "At-Will" basis. This means that I may resign my position 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 Program, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Student Work Experience Program.

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

Applicant's (Student) 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 _____

Start Date: _____ Department: _____

TPD Program Staff Signature: _____