



# TRIBAL PROFESSIONAL DEVELOPMENT (TPD)

## WORK EXPERIENCE PROGRAM (WEP) APPLICATION CHECKLIST

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Reservation: \_\_\_\_\_

Tribal Member ID#: \_\_\_\_\_

Preferred Reservation to work at: \_\_\_\_\_

**Please Note: All items must be checked-off in order for application to be considered complete.**

Application Date Submitted:

Resume?     Yes     No

If no, please enter due date outlined by TPD:

H.S. Diploma/GED or Transcripts (if applicable)

Social Security Card

Tribal ID/Driver's License

Direct Deposit Authorization Form

Signed WEP Manual                      Date Received:

Signed Job description                      Date Received:



# SEMINOLE TRIBE OF FLORIDA

## The Education Department

Tribal Professional Development (TPD) Program

Phone: (954) 989-6840

### Work Experience Program (WEP) Application

**Please complete the form in its entirety; all questions must be answered in order for application to be considered complete**

Have you participated in the Work Experience Program before?  Yes  No

If yes, please enter the last date of attendance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### 1. Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_ Sex:  Male  Female Social Security # \_\_\_\_\_

Tribal Member #: \_\_\_\_\_ Email: \_\_\_\_\_

#### 2. Emergency Contacts (Please list two (2) contacts)

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 3. Educational Background Information

Are you currently enrolled in school?  Yes  No

If yes, what days/times do you attend classes? \_\_\_\_\_

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Degree:  GED  High School Diploma Date received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List any Post High School Education (*i.e. College, Vocational, Technical, etc.*)

School Name: \_\_\_\_\_

Graduated?  Yes  No

Degree Seeking/Received:  Certificate  Diploma  AA  AS  BA  BS  Masters  PhD

#### 4. **Work History**

Are you currently employed?  Yes  No

If yes, please list current employer: \_\_\_\_\_ Job title: \_\_\_\_\_

What date did you start working there? \_\_\_\_/\_\_\_\_/\_\_\_\_

Current work schedule (days/times): \_\_\_\_\_

#### **Past Employers:**

(1) Company Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Employed: (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

(2) Company Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates Employed: (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

## **Personal History**

Are you a U.S. Citizen?  Yes  No

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

If yes, please list your license number: \_\_\_\_\_ and Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If Yes, please explain: \_\_\_\_\_

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

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

If Yes, please explain: \_\_\_\_\_

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## **Preferred Department**

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

*(Please note: Placement is based upon 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"/> Fire Rescue                 | <input type="checkbox"/> Rock Mining                      |
| <input type="checkbox"/> Accounting/Finance/Budget      | <input type="checkbox"/> Florida Seminole Tourism    | <input type="checkbox"/> Office of Trust Management (OTM) |
| <input type="checkbox"/> Ahfachkee School               | <input type="checkbox"/> General Counsel             | <input type="checkbox"/> Okalee Village                   |
| <input type="checkbox"/> Big Cypress Campground         | <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 (HR)        | <input type="checkbox"/> Seminole Media Productions (SMP) |
| <input type="checkbox"/> Center for Behavioral Health   | <input type="checkbox"/> Hunting & Wildlife          | <input type="checkbox"/> Seminole Police Department (SPD) |
| <input type="checkbox"/> Chairman/Council Personnel     | <input type="checkbox"/> Information Technology (IT) | <input type="checkbox"/> Smoke Shop                       |
| <input type="checkbox"/> Construction Management        | <input type="checkbox"/> Museum/THPO                 | <input type="checkbox"/> Trading Post                     |
| <input type="checkbox"/> Culture/Community Culture      | <input type="checkbox"/> Preschool                   | <input type="checkbox"/> Treasurer                        |
| <input type="checkbox"/> Education Department           | <input type="checkbox"/> Public Works                | <input type="checkbox"/> Tribal Community Development     |
| <input type="checkbox"/> Elder Services                 | <input type="checkbox"/> Purchasing                  | <input type="checkbox"/> Tribal Court                     |
| <input type="checkbox"/> Emergency Management           | <input type="checkbox"/> Recreation                  | <input type="checkbox"/> Tribal Secretary                 |
| <input type="checkbox"/> Environmental Resources (ERMD) | <input type="checkbox"/> Risk Management             | <input type="checkbox"/> OTHER:                           |

## **Skills Assessment**

Which of the following skills do you have? (Please check all that apply)

## Communication Skills

- Answering Telephones
- Business Correspondence
- Calling Clients
- Client Relations
- Communication
- Correspondence
- Customer Service
- Directing Clients
- Editing

- Email
- Filing
- Greeting Clients
- Greeting Employees
- Greeting Visitors
- Interpersonal
- Listening
- Email
- Oral Communication

- Presentation
- Public Relations
- Public Speaking
- Receptionist
- Stenography
- Teamwork
- Writing
- Written Communication

## Technology Skills

- Computer
- Desktop Publishing
- Document Management
- Faxing
- Internet
- Maintaining Office Records
- Microsoft Office
- Office Equipment

- Ordering Office Supplies
- Order Processing
- Outlook
- QuickBooks
- Record Keeping
- Research
- Running Office Machines
- Software

- Spreadsheets
- Timekeeping & Billing
- Transcription
- Typing
- Typing from Dictation
- Videoconference Preparation
- Voicemail
- Word Processing

## Organization Skills

- Accuracy
- Appointment Setting
- Attention to Detail
- Billing
- Bookkeeping
- Calendar & Docketing

- Clerical
- Efficiency
- Filing
- Inventory
- Legal Familiarity
- Multi-Tasking

- Office Administration
- Office Management
- Sorting & Delivering Mail
- Time Management
- Travel Arrangements

## Planning Skills

- Analytical
- Communicating
- Evaluating
- Event Coordination

- Goal Setting
- Implementing Actions
- Making Appointments
- Meeting Planning

- Monitoring Actions
- Organized
- Predicting
- Prioritizing

## Problem Solving Skills

- Assertive
- Client Relations
- Collaborative
- Critical Thinking
- Decision Making
- Employee Relations

- Goal-Oriented
- Implementing
- Issue Resolution
- Mediation
- Office Coordination

- Research
- Supervising
- Team Working
- Training
- Troubleshooting

## **Professional Development Plan**

A Professional Development Plan is a plan that will help you in specifying the goal(s) you want to achieve for yourself. It will also assist you by helping you outline the necessary steps you must take in order to achieve your goal(s). Lastly, it will clearly state how the WEP Program will assist you in accomplishing this objective.

**Please answer the following questions: *\*\*All questions must be answered\*\****

Why are you interested in the WEP program?

What are two (2) professional goals you have?

What steps have you already taken to achieve your goals?

What steps do you plan on taking to achieve those goals?

What challenges have kept you from achieving your goal(s)?

## **Pre-planned Absences**

Please disclose any dates that you foresee taking time off from work within the first 90 days of employment (*for example, needing time off for personal reasons, vacation, school, or medical appointments*).

## **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 Work Experience Program. Moreover, I understand that any potential offer to participate in the Work Experience Program will be contingent upon reference checking, the passing of a pre-employment drug screening 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 program, I will comply with all Policies and Procedures of the Seminole Tribe of Florida and the Work Experience Program. I also understand that the Seminole Tribe of Florida and its programs retain the right to amend, modify, add, or delete any or all Policies or Procedures at its sole and absolute discretion.

**Photos and Video Disclaimer**

The Tribal Professional Development Team reserves the right to use any photographs/videos 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 the photographs/videos 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW**

Date Received: \_\_\_\_\_

Start Date: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

TPD Program Staff: \_\_\_\_\_ Date: \_\_\_\_\_