

**POLICIES & PROCEDURES  
FOR THE  
SEMINOLE TRIBE OF FLORIDA  
EDUCATION DEPARTMENT**

**TRIBAL PROFESSIONAL DEVELOPMENT  
PROGRAM**

**August 4, 2014**



*The Seminole Tribe of Florida Tribal Council and the Seminole Tribe of Florida Education Department have the right to interpret the content of these Policies and Procedures. Nothing contained in these Policies and Procedures confer any right, contractually or otherwise upon any third party. These Policies and Procedures may be amended at any time.*

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**Education Department**

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## **TRIBAL PROFESSIONAL DEVELOPMENT POLICIES AND PROCEDURES**

### **ADVANCED CAREER DEVELOPMENT POLICY AND PROCEDURES**

Advanced Career Development (ACD) is a compensable employment and leadership development opportunity for advanced degree candidates. The ACD is a one-time 24 month program and once accepted, applicants will be rotated quarterly within each department.

Participants will work with executive leadership, rotating quarterly, for a total exposure of eight departments that complement their advanced degrees and/or areas of interest. For a participant to be retained within a particular department for a second rotation, such actions must be preapproved by the hosting department Director and Tribal Professional Development (TPD) Manager. Participants are limited to two 'department retention' during the 24 month ACD program. Advanced Career Development enrollment will not exceed ten (10) participants at any given time. Admittance to the program will be approved on a first come first serve basis. *Consideration for additional participants will be at the sole discretion of the Executive Administrative Office.*

Upon successful completion, the participants will be issued a certificate of achievement. Based on the needs within the chosen department, candidates will be considered for employment upon the recommendation and approval of the hosting department Director and the Executive Administrative Officer.

#### **Eligibility**

- a. Must be an enrolled member of the Seminole Tribe of Florida.
- b. Completed a qualifying advanced degree (e.g., associates, bachelors, masters, or higher) as confirmed by the Higher Education Program.

#### **Tribal Professional Development Benefits**

Advanced Career Development includes:

- Senior-level mentorship throughout the program, to include participation of the TPD staff and the Hosting Department's designee.
- Individual Development Plan to create and track participant's career planning, professional development, and training activities.
- Opportunities to attend professional development workshops and conferences
- Resume and Interview assessments

- Work Training and Skill building
- Career Interest Assessments
- Information about their TPD performance as it relates to academic opportunities.
- Compensation/Salary: Rate of pay will be commensurate with the level of degree completed/acquired.

**Tribal Professional Development Application Process**

A. The following documents are required:

1. Complete Tribal Professional Development Application
2. Copy of Tribal ID and/or State Issued ID
3. Social Security Card
4. Curriculum Vitae (CV) or Resume
5. Copy of Advanced Degree Diploma or Certificate
6. Letter of Intent

**Program Administration**

**Performance Evaluation:**

The Performance Evaluation process is designed to provide an objective assessment of the participant’s performance, as it directly relates to work assignments and established standards for the position.

The ACD program staff will be performing bimonthly assessment visits with each participant. This will be to ensure participants are cross training with the executive leadership, learning the core competencies of each department, and enhancing employability skills.

The participant’s performance reviews will be completed at the end of each quarter. The evaluation review is solely for assessing the participant’s overall growth and development for the previous quarter.

**The TPD staff will continuously evaluate the following:**

- Participant’s knowledge of the department’s internal programs, operations, and policies
- Participant’s knowledge and skills gained upon completion of each quarterly rotation
- Participant’s needs are being met in each area
- Participant’s conduct and performance
- Development of employability skills

Performance will be evaluated throughout the duration of the program by the TPD and the respective supervisor/manager to ensure the ACD participant is consistently improving employability skills within the respective departments

If the participant does not meet the prescribed performance criteria, a Performance Improvement Plan (PIP) will be developed by the TPD Program and the hosting department as a proactive measure to assist the employee to succeed. **In the event that the participant does not successfully complete the PIP, additional corrective and/or disciplinary actions may be taken, up to and including but not limited to termination from the ACD program.**

**Participant Agreement:**

To participate in ACD Program, applicants must agree and adhere to the following:

**Attendance & Leave Requests:**

1. Complete the application and interview process.
2. Agree to quarterly rotation between the eight identified departments that complement their advanced degree or area of study.
3. Commit to a defined work schedule with the management of the department hosting the ACD employment opportunity.
4. Work a minimum of 30 hours per week, not to exceed **40** hours per week.
5. A minimum of two (2) week notice is required for all time off/vacation requests. The request must be submitted to and approved by the participant's hosting manager/supervisor. Additionally the participant is required to inform the TPD manager and directly submit the time off request into the Tribe's Time Keeping System.
6. Supervisor/manager approval and a minimum of two (2) week advance notice are required when requesting any changes to the preapproved standard work schedule.
7. Participants who fail to report to work for three [3] consecutive work days without notice to their Supervisor/Manager (i.e. No Call/No Show) are considered to have abandoned their ACD position. Participants who have abandoned their positions will be removed from the program.
8. Participants are required to attend all mandatory orientation classes provided by the TPD Program and/or Human Resources.

**Code of Conduct & Discipline:**

1. Must adhere to all STOF and departmental policies and procedures.
2. Dress appropriately for work in proper business attire and/or uniforms, as required by the department assigned.
3. Adhere to the tasks, functions, duties, and responsibilities as assigned by each specific department.
4. Follow all instructions and directives given and complete all work assignments in a timely manner.
5. Ensure that all interactions and forms of communication are conducted in a professional manner.
6. ACD Participants are encouraged to initially discuss their concerns, ideas or suggestions with their Department's Supervisor/Manager.
  - a) If the ACD Participant feels that their concerns did not receive the attention it requires, he/she may address the matter with the TPD manager.
7. Use of personal electronic devices during work hours is prohibited, unless due to extenuating circumstances as approved by the respective supervisors/managers.
8. All participants are required to provide a resignation letter when voluntarily terminating the ACD program, and will not be eligible to participate in the program for six (6) months following separation.
9. Any ACD participant terminated for job abandonment or violation of STOF policies and procedures will not be eligible to participate in the program for one [1] year following

termination. Any further or repeated violations of the TPD program policies will result in the permanent disqualification from the program.

10. To be reconsidered for reentry the ACD program, each participant must meet the selection criteria and eligibility process.

### **Program Completion**

Upon successful completion of the ACD program, each candidate will be encouraged to apply for any 'management trainee' position or any other full or part time employment within the STOF.

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**WORK EXPERIENCE PROGRAM POLICY AND PROCEDURES**

The Work Experience Program (WEP) provides Seminole Tribal Members with job placement opportunities within the various STOF departments. The goal of WEP is to enhance employability and strengthen employment history. WEP is a one-time twenty four (24) month opportunity. Upon successful completion, the participants are issued a certificate of achievement. WEP enrollment will not exceed forty (40) participants. Qualified applicants that fall outside of the enrollment cap may be given special consideration on an individual basis, pending the discretion and approval of the Executive Administrative Officer.

**Eligibility**

- a. Must be an enrolled member of the Seminole Tribe of Florida.
- b. Must be at least 18 years of age or older
- c. Must provide a copy of an accredited high school diploma/GED.
- d. Must pass the required background check and drug screening.

**Work Experience Benefits**

Program Participants will receive the following:

- Salary of \$10 per hour
- Opportunities to attend professional development workshops and conferences
- Opportunity to attend and participate in the Annual Career Fair
- Resume and interview assessments
- On the job training and skill building
- Career interest assessments

**Work Experience Goals**

The opportunity to obtain work experience through on-the-job training that will provide the Participants with the skills, experience and insights to allow for enhanced and gainful employment.

The goals of the Program are to build:

- Effective communication
- Teamwork
- Problem solving
- Strategic planning
- Self-management
- Professional development
- Preparation for gainful full time employment

These goals will also be promoted through workshops, on the job/hands on training and webinars, in addition to one-on-one staff support etc.

### **Work Experience Application Process**

The following documents are required:

1. Completed WEP Application to the TPD Program
2. Copy of an accredited high school diploma/GED, or transcripts from a higher education or career institution as approved by the Education Department
3. Copy of Tribal ID and/or State Issued ID
4. Social Security Card

### **Program Administration**

#### **Performance Evaluation:**

The performance evaluation process is designed to provide an objective assessment of the participant's performance, as it directly relates to work assignments and established standards for the position.

The Quarterly performance reviews are conducted to ensure the participants:

1. Acquire the core competencies and basic skills of the position.
2. Employability skills.

Attendance is reviewed on a weekly basis.

#### **The TPD staff will continuously evaluate the following:**

1. Participant's knowledge of the department's internal programs, operations, and policies
2. Participant's conduct, attendance and performance
3. Development of employability skills

Performance will be evaluated throughout the duration of the program by the TPD staff and the respective supervisor/manager to ensure the WEP participants are consistently improving employability skills within the respective department.

If the participant does not meet the prescribed performance criteria, a Performance Improvement Plan (PIP) will be developed by the TPD Program and the hosting department as a proactive measure to assist the employee to succeed. **In the event that the participant does not successfully complete the PIP, additional corrective and/or disciplinary actions may be taken, up to but not limited to termination from the WEP program.**

### **Participant Agreement**

To participate in WEP, applicants must agree and adhere to the following:

1. Successfully complete the interview process and be selected for employment.
2. Must pass the Tribe's drug screen and background check.
3. Adhere to the prescribed work schedule.
4. Work a minimum of 20 hours per week, not to exceed an average of 29.5 hours per week.



5. All time-off requests for any purpose require one (1) week advance notice and the hosting department manager's pre-approval, prior to taking any time off. The TPD Manager must be copied on all emailed time off requests.
6. Supervisor/manager approval and a minimum of one (1) week advance notice are required when requesting any changes to the preapproved standard work schedule.
7. Participants who fail to report to work for three (3) consecutive work days without notice to their Supervisor/Manager (i.e. No Call/No Show) are considered to have abandoned their WEP position.
8. Participants are required to attend all mandatory orientation classes provided by the TPD Program and/or Human Resources.

**Code of Conduct & Discipline:**

1. Must adhere to all STOF and departmental policies and procedures.
2. Dress appropriately for work in proper professional attire and/or uniforms, as required by the department assigned.
3. Adhere to the tasks, functions, duties, and responsibilities as assigned by each specific department.
4. Follow all instructions and directives given and complete all work assignments in a timely manner.
5. WEP Participants are encouraged to initially discuss their concerns, ideas or suggestions with their Department's Supervisor/Manager.
  - If the WEP Participant feels that their concerns did not receive the attention it requires, he/she may address the matter with the TPD Program Manager.
6. Ensure that all interactions and forms of communication are conducted in a professional manner.
7. Use of personal electronic devices during work hours is prohibited, unless due to extenuating circumstances as approved by the respective supervisors/managers.
8. No more than two department transfers are allowed within the total 24 months.
9. All participants are required to provide a resignation letter when voluntarily terminating from WEP, and will not be eligible to participate in the program for six (6) months following separation.
10. Any WEP participant terminated for job abandonment or violation of STOF policies and procedures will not be eligible to participate in the program for one [1] year following termination. Any further or repeated violations of the TPD program policies will result in the permanent disqualification from the program.
11. To be reconsidered for re-entry into the Work Experience Program, each participant must meet the selection criteria and eligibility process.

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## **SUMMER WORK EXPERIENCE PROGRAM POLICY AND PROCEDURES**

The Summer Work Experience Program (SWEP) is an eight (8) week program that provides Seminole Tribal Member Students with job placement within the various Seminole Tribe of Florida (STOF) departments in order to introduce and/or enhance employability skills. Placement within any STOF department is at the discretion of the respective director.

### **Eligibility**

- a. Must be an enrolled member of the Seminole Tribe of Florida
- b. Must be between fourteen and twenty four years of age
- c. Participants over 18 years old must provide a copy of an accredited high school diploma/GED, or be enrolled in a higher education or career institution
- d. Students must have GPA of 2.5 or higher
- e. Students must have good school attendance history
- f. Must submit the completed application on or before the due deadline date
- g. Must pass the required background check and drug screening

### **Summer Work Experience Benefits:**

Program Participants receive the following:

- Salary of \$8 per hour.
- Opportunities to attend professional development workshops and conferences
- Annual Career Fair
- Resume and Interview assessments
- Work Training and Skill building
- Career Interest Assessments

### **Summer Work Experience includes:**

The opportunity to obtain work experience through on-the-job training that will provide the participants with the skills, experience and insights to allow for enhanced and gainful employment.

### **Work Experience Application Process**

The following documents are required:

1. Completed Summer Work Experience Program Application
2. If applicable, must provide a copy of an accredited high school diploma/GED, or transcripts from a higher education or career institution

3. Copy of Tribal ID and/or State Issued ID
4. Social Security Card

### **Program Administration**

#### **Performance Evaluation:**

The participant's bi-weekly performance reviews are conducted to ensure participants are learning the core competencies of each department in addition to employability skills.

If the participant does not meet the prescribed performance criteria, a Performance Improvement Plan (PIP) will be developed by the TPD Program and the hosting department as a proactive measure to assist the employee to succeed. **In the event that the participant does not successfully complete the PIP, additional corrective and/or disciplinary actions may be taken, including but not limited to termination from the SWEP program.**

#### **Participant Agreement:**

To participate in Summer Work Experience Program, applicants must agree and adhere to the following:

1. Complete the application and interview process.
2. Adhere to the prescribed work schedule
3. Work a minimum of 20 hours per week, not to exceed 29.5 hours per week.
4. All time-off requests for any purpose require one (1) week advance notice and the hosting department's manager's/supervisor's approval prior to taking any time off.
5. Supervisor/manager approval and a minimum of one (1) week advance notice are required when requesting any changes to the prescribed work schedule.
6. Participants who fail to report to work for three [3] consecutive work days without notice to their Supervisor/Manager (i.e. No Call/No Show) are considered to have abandoned their SWEP position.
9. Participants are required to attend orientation classes provided by the TPD Program and/or Human Resources.

#### **Code of Conduct & Discipline:**

1. Must adhere to all STOF and departmental policies and procedures.
2. Dress appropriately for work in proper professional attire and/or uniforms, as required by the department assigned.
3. Adhere to the tasks, functions, duties, and responsibilities as assigned by each specific department.
4. Follow all instructions and directives given and complete all work assignments in a timely manner.
5. SWEP Participants are encouraged to initially discuss their concerns, ideas or suggestions with their Department's Supervisor/Manager.

- If the SWEP Participant feels that their concerns did not receive the attention it requires, he/she may address the matter with the TPD Program Manager.
6. Ensure that all interactions and forms of communication are conducted in a professional manner.
  7. Use of personal electronic devices during work hours is prohibited, unless due to extenuating circumstances as approved by the respective supervisors/managers.
  8. No more than one department transfers is allowed within the summer work experience program.
  9. All participants are required to provide a resignation letter when voluntarily terminating from SWEP, and will not be eligible to re-enroll for the remainder of the program.

# Appendix A.

## **TRIBAL PROFESSIONAL DEVELOPMENT PROGRAM FORMS**



# SEMINOLE TRIBE OF FLORIDA

## Education Department

### Advanced Career Development Application

*Please print all information and complete all fields even if a resume is provided.*

Position(s) Applied for: _____ _____ , _____			Date: _____ (mm/dd/yyyy)		
Last Name:		First Name:		Middle Name:	
Maiden Name: (if applicable)		Preferred Name:		Social Security:	
Current Street Address:		City/ State/ Zip:		How Long?	
Former Street Address:		City/ State/ Zip:		How Long?	

Home Phone:		Personal Cell Phone:	
Personal Email Address:		Emergency Contact Full Name:	
Relationship to Contact (i.e. Spouse, Parent, etc.):		Emergency Contact Home Phone:	
Emergency Contact Work Phone:		Emergency Contact Cell Phone:	
If Yes, Please describe:			

Date Available to Report to Work (mm/dd/yyyy): _____				<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary	
Are you a Member of the Seminole Tribe of Florida?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Please check the appropriate box if you can speak either or both of the following Native languages:				<input type="checkbox"/>	Creek	<input type="checkbox"/>	Mikasuki		
Are you 18 years of age or older?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have a valid Florida Driver's License?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If Yes, List license number and date of expiration: _____						Expires: _____ (mm/dd/yyyy)			
List any clerical, computer skills, or 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:									

*Please print all information and complete all fields even if a resume is provided.*

Have you ever applied for employment with the Seminole Tribe of Florida or one of its divisions?		<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<i>If Yes</i> , Division/Location: _____		<b>Approx. Date:</b>		_____ (mm/dd/yyyy)	
Have you ever been employed with the Seminole Tribe of Florida or one of its divisions?		<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<i>If Yes</i> , Division/Location: _____		<b>Approx. Date:</b>		_____ (mm/dd/yyyy)	
Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives?		<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<i>If Yes</i> , Name of Relative(s) and Division(s): _____					
The Tribe has a Veterans Foundation and tracks Military Service for various events. Please indicate if you are active in the Military, or a Veteran, so we can take note of your service.		<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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?	(Conviction will not necessarily disqualify an applicant from employment)	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<i>If Yes</i> , Please explain and provide dates:					
Do you have any physical disabilities that would require special accommodation?	(Physical Disabilities will not disqualify an applicant from employment)	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**EDUCATION:**

<b>Level:</b>	<b>Name/City/State:</b>	<b>Major:</b>	<b>Minor/Concentration:</b>	<b>Diploma/Degree/Certification:</b>
High School:				
College:				
Technical/ Other:				
If applying for a Teaching position, please provide your Department of Education (DOE) number.				DOE#: _____

***Please print all information and complete all fields even if a resume is provided.***

**EMPLOYMENT – PLEASE LIST YOUR PREVIOUS EMPLOYERS, STARTING WITH YOUR CURRENT OR MOST RECENT POSITION (INCLUDE MILITARY SERVICE):**

Company Name:	Dates Worked From: _____ To: _____ (mm/dd/yyyy) (mm/dd/yyyy)
Address (Including Street, Suite, City, State, & Zip):	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No</i> , please explain why:

Company Name:	Dates Worked From: _____ To: _____ (mm/dd/yyyy) (mm/dd/yyyy)
Address (Including Street, Suite, City, State, & Zip):	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No</i> , please explain why:

***Please print all information and complete all fields even if a resume is provided.***

**REFERENCES – PLEASE LIST TWO INDIVIDUALS THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS, WHO ARE NOT RELATED TO YOU AND ARE NOT LISTED UNDER, THE EMPLOYMENT SECTION OF THIS APPLICATION:**

Name:	Occupation:	Phone:
Address:	Relationship:	
Name:	Occupation:	Phone:
Address:	Relationship:	



## 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.**

Moreover, I understand that any consideration for employment is contingent upon reference checking, my passing a pre-employment drug screen and background investigation process, and verification of my identity and my employment eligibility. I hereby authorize The Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screen, and a background investigation. I further agree as a condition of my application for employment, to submit to any medical examination if requested, based on the requirements of the position that I may be considered for.

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. Furthermore, I understand that The Seminole Tribe of Florida exercises Native American Preference in their employment practices.

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.

*This application is valid for sixty days from the application date, unless renewed by the applicant in person or in writing.*

**DUE TO THE HIGH VOLUME OF APPLICATIONS RECEIVED, WE WILL ONLY CONTACT  
CANDIDATES SELECTED FOR INTERVIEWS**

PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

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



# SEMINOLE TRIBE OF FLORIDA

## Education Department

### Release and Authorization Form

**Applicant/Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

I hereby authorize The Seminole Tribe of Florida Human Resources Department to conduct an investigation into my personal background for the purpose of evaluating my qualifications 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 may obtain information pursuant to such investigation through personal interview with acquaintances, business associates, and any persons who may have knowledge as to 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 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 insure 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 I 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 person so furnishing information from any and all liability, of every nature and kind arising out of the furnishings or inspection of such documents, records, and other information or the investigation made by The Seminole Tribe of Florida.

\_\_\_\_\_  
**Printed Name of Applicant/Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant/ Employee**



**SEMINOLE TRIBE OF FLORIDA**  
**Education Department**  
**Tribal Professional Development (TPD) Program**  
**Mandatory Departmental Duties**

In addition to other duties required by the assigned Department, participants are expected to be able to understand and be able to demonstrate the following standard departmental functions for each rotation within a timeframe set by the TPD curriculum:

- Know the operations of the assigned Department
- Be able to explain the overall goals and services of the Department
- Understand its relevance to the contribution of the Seminole Tribe of Florida
- Perform the following functions, including, but not limited to:
  - a. Greets, meets and welcomes visitors, determines nature of business and refers visitors to employer or appropriate person.
  - b. Answers the phones in order to assist the Tribal Members and their families, customers, vendors, staff or other visitors on the basis of their business requests.
  - c. Maintains current information of department policies and programs and processes routine matters within established policies. Provides courteous and professional customer assistance and resolution to inquiries via telephone and email.
  - d. Prepares a wide variety of documents under the supervisor's directives; composes edits, revises, tabulates and prints letters, documents and forms.
  - e. Establishes, maintains, processes, and/or oversees files, correspondence, databases, records, certificates and/or other documents. Creates files and stores a variety of correspondence, documents, requests received, and other forms/materials in order to provide documentation of activities and comply with the office records management system. Retrieves information as requested.
  - f. Orders and maintains office supplies, equipment and materials; coordinates maintenance of office equipment and facilities.
  - g. Sorts and distributes mail and directs it to the appropriate departmental staff personnel.
  - h. Receives a working knowledge of Lawson RQ10 Program for the creation of Purchase Requisition Order.

Supervisor Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_



**SEMINOLE TRIBE OF FLORIDA**  
**Education Department**  
**Tribal Professional Development (TPD) Program**  
**Check List of Duties**

**EMPLOYEE INFORMATION**

NAME:	EMPLOYEE ID:
DEPARTMENT:	EMPLOYEE JOB TITLE:
SUPERVISOR:	SUPERVISOR JOB TITLE:
	DATE:

**MANDATORY DUTIES**

1. Performs duties as a Receptionist
2. Answers and directs incoming calls
3. Assists with providing resolution to inquiries via telephone and email
4. Prepares a variety of documents
5. Creates files and stores a variety of correspondence, documents, etc.
6. Orders and maintains office supplies
7. Sorts and distributes mail
8. Prepares Purchase Order Requisitions
9. Receives training on the use of Lawson RQ10 Program
10. Operates office machines e.g. photocopier/printer, scanner

**Date Started**

**Completed**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Supervisor Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_



**SEMINOLE TRIBE OF FLORIDA**  
**Education Department**  
**Tribal Professional Development (TPD) Program**  
**Performance Evaluation**

**EMPLOYEE INFORMATION**

NAME:

EMPLOYEE ID:

DEPARTMENT:

EMPLOYEE JOB TITLE:

SUPERVISOR:

SUPERVISOR JOB TITLE:

DATE:

**RATINGS**

**Job Knowledge** – Understands duties, responsibilities, has ability to use materials needed, and has the level of proficiency required to accomplish the work.

*Comments*

**Work Quality** – Accuracy, thoroughness, and dependability.

*Comments*

**Attendance** – Reports to work as scheduled. Follows established procedures for breaks. Notifies supervisor in advance of scheduling changes.

*Comments*

**Initiative** – Ability to be self-directed, efficient, creative, and resourceful. Assumes extra work on own initiative, adapts quickly to new responsibilities.

*Comments*

**Work Attitude and Cooperation** – Extent to which employee demonstrates positive attitude, and promotes cooperation with supervisors, peers and others.

*Comments*

**Dependability** – Extent to which employee can be accountable for following instructions and fulfilling job responsibilities accurately and efficiently.

*Comments*

My overall rating of this employee's performance.

**Poor                  Fair                  Satisfactory                  Good                  Excellent**

                                                                      

                                                                      

                                                                      

                                                                      

                                                                      

                                                                      

                                                    

Supervisor Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_



**SEMINOLE TRIBE OF FLORIDA**  
**Education Department**  
**Tribal Professional Development (TPD) Program**  
**Employee Evaluation Form**

**EMPLOYEE INFORMATION**

NAME:	EMPLOYEE ID:
DEPARTMENT:	EMPLOYEE JOB TITLE:
SUPERVISOR:	SUPERVISOR JOB TITLE:
	DATE:

**RATINGS**

	Poor	Average	Good	Excellent
1. This job is suited to my educational background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The job allows me to fulfill my potential in the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am allowed enough freedom and flexibility in the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My colleagues are cooperative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The stated program objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The training was relevant to the stated objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The environment was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I can use the experience gained here to use even when I am not associated with this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The job timings are suitable for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My overall rating of this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				

Supervisor Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_



SEMINOLE TRIBE OF FLORIDA  
Education Department  
Tribal Professional Development (TPD) Program  
Summer Work Experience Application

Phone (954) 989.6840, ext. 10557

Fax (954) 893.8856

*Please print all information and complete all fields even if a resume is provided.*

**\*\*\*In order to process this Summer Work Experience application, we must have the following documents:  
Completed Application, (1) Copy of your Social Security Card  
& (1) Valid Tribal/Student Identification Card\*\*\***

***Personal Information:***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_

Social Security# \_\_\_\_\_ Reservation Member #M \_\_\_\_\_

***Parent/Legal Guardian:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

***Education Information:***

Name of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***List High School or College attending:***

School Name \_\_\_\_\_ (Major/Minor)

Dates Attended (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

List any skills or trades that you possess (i.e. computer knowledge, language, filing, phones, etc...)

**Work History:**

(1) Company Name \_\_\_\_\_ Position \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Hourly Salary \$ \_\_\_\_\_ Date Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If no, please explain why \_\_\_\_\_

**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, list license number and date of expiration:* \_\_\_\_\_

Are you a U.S. Citizen?

Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If yes, what were you convicted of \_\_\_\_\_

Date(s) \_\_\_\_\_

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 Describe:*

**If known, where do you wish to work?**

Department Name \_\_\_\_\_ Department Name \_\_\_\_\_



**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 Summer Work Experience.

Moreover, I understand that any potential offer to participate in Summer 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 it’s 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 Summer Work Experience, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Summer Work Experience. Parent/ Legal guardian will be notified of any absences of minor SWE participants during the Summer Work Experience. 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 \_\_\_\_\_

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

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TPD Program Manager \_\_\_\_\_ Date \_\_\_\_\_

**Seminole Tribe of Florida**  
**Summer Work Experience Program (SWEP) Parental Review**

Participant Name: \_\_\_\_\_

The Summer Work Experience participants that are minors will receive parental notification, should the participant not report to work without a leave request on file.

In the event that your participant does not:

- A) Call a supervisor to notify the Department they work in
- or
- B) Call the Seminole Education Department

The SWEP staff will call to notify the Parent (s)/Guardian (s) of the absence.  
Please include valid names & phone numbers where you can be reached:

To be notified:

Parent or Relative: \_\_\_\_\_

Parent or Relative: \_\_\_\_\_

Parent or Relative: \_\_\_\_\_

Parental/Legal Guardian Signature: \_\_\_\_\_

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



# SEMINOLE TRIBE OF FLORIDA

## Education Department Tribal Professional Development (TPD) Program Work Experience Program

Phone (954) 989.6840, ext. 10557

Fax (954) 893.8856

*Please print all information and complete all fields even if a resume is provided.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_  
Social Security# \_\_\_\_\_ Reservation \_\_\_\_\_  
Member #M \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Education Information:

Name of School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of degree (circle one) GED/HS Date received: \_\_\_\_\_

### List any Post High School Education Received (i.e. Vocational, Technical, etc...)

School Name \_\_\_\_\_ Degree Seeking (Certificate) \_\_\_\_\_ (Diploma) \_\_\_\_\_  
Dates Attended (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

### List any skills or trades that you possess (i.e. computer knowledge, language, filing, phones, etc...)

#### Work History: (Start with most recent Employment)

(1) Company Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Salary \$ \_\_\_\_\_ Date Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_  
IF no, please explain why \_\_\_\_\_

(2) Company Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Salary \$ \_\_\_\_\_ Date Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_  
IF no, please explain why \_\_\_\_\_

(3) Company Name \_\_\_\_\_ Position \_\_\_\_\_

**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): \_\_\_\_\_

Are you currently employed? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Do you have a valid Florida Driver’s License? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If Yes, list license number and date of expiration: \_\_\_\_\_

Are you a U.S. Citizen?

Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If yes, what were you convicted of \_\_\_\_\_

Date(s) \_\_\_\_\_

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 Describe: \_\_\_\_\_

**If known, where do you wish to work?**

Employer \_\_\_\_\_ Department Name \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_\_

Employer Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Work Phone \_\_\_\_\_

**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 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 it’s 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 Adult & Youth Work Experience Program. 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 \_\_\_\_\_

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

TPD Program Manager \_\_\_\_\_ Date \_\_\_\_\_



**SEMINOLE TRIBE OF FLORIDA**  
**Education Department**  
**Tribal Professional Development (TPD) Program**  
**Self-Sufficiency Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is a Self-Sufficiency Plan?

A Self-Sufficiency 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 Adult Vocational Program(s) will help you achieve your goal(s).

Please answer the following questions:

Name two Specific Goals you have: \_\_\_\_\_

\_\_\_\_\_

How do you plan on achieving your goal(s)? \_\_\_\_\_

\_\_\_\_\_

How will your family assist you in achieving your goal(s)? \_\_\_\_\_

\_\_\_\_\_

Fill in the following sentences:

I am confident of: \_\_\_\_\_

\_\_\_\_\_

People think I: \_\_\_\_\_

\_\_\_\_\_

I don't know how: \_\_\_\_\_

\_\_\_\_\_

I am proud of: \_\_\_\_\_

\_\_\_\_\_