



SEMINOLE TRIBE OF FLORIDA
Center for Student Success and Services
Tribal Professional Development (TPD) Program
Youth Work Experience Application

Phone (954) 989.6840

Fax (954) 893.8856

By placing a check mark on the line provided, please indicate which program you wish to apply for below

Spring Break

Summer

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

Reservation _____

Spring Break Dates _____

Personal Information:

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Date of Birth _____ Age _____ Sex (M) _____ (F) _____

Social Security# _____ Member # _____

Parent/Legal Guardian:

Name _____ Relationship _____

Home Phone _____ Cell _____

Email _____

Education Information:

Name of School _____

City _____ State _____ Zip _____ County _____

Current GPA _____

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...)

Where do you wish to work? Please list 3 options.

1st Choice _____

2nd Choice _____

3rd Choice _____

****Department placements will be assigned in the order applications are received.****

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: _____

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 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 Work Experience, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Work Experience.

Parent/ Legal guardian will be notified of any absences of minor Work Experience Program participants during the summer and spring 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 _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Date received _____ Start Date _____ Department _____

TPD Program Staff Signature _____