



# SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

## Tribal Professional Development (TPD) Program Work Experience Program Application

Phone: (954) 989-6840

Fax: (954) 893-8856

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

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

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

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

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Reservation: \_\_\_\_\_

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

### **Emergency Contact:**

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

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

### **Education Information:**

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

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

Type of Degree: ( )GED ( )HS Diploma Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

School Name: \_\_\_\_\_ Degree Seeking: ( )Certificate ( )Diploma

Dates Attended: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Completed Program: ( )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: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

(2):

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

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

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

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

(1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

**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 expiration date:* \_\_\_\_\_

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 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 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 Adult & Youth Work Experience Program. I also understand that the Seminole Tribe of Florida and programs retain 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**

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

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

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



# SEMINOLE TRIBE OF FLORIDA

## Center for Student Success and Services 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 (2) professional goals you have:

(1): \_\_\_\_\_

(2): \_\_\_\_\_

What steps do you plan on taking to achieve those goal(s)?

\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken to achieve your goal(s)?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

### Fill in the following sentences:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_