



**Center for Student Success and Services  
Tribal Professional Development (TPD) Program**

**Student Work Experience Program Application  
Spring 2019**

Student: \_\_\_\_\_ Member #: \_\_\_\_\_

Reservation: \_\_\_\_\_ Age (*must be between 14-24*): \_\_\_\_\_

Dates of Spring Break: \_\_\_\_\_

**Please Check Below**

- I have met with a CSSS staff member regarding this Spring SWEP application and opportunity.
- I have **NOT** met with a CSSS staff member regarding this Spring SWEP application and opportunity.

**In addition to a complete 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.*)
- High School, Middle School, or GED students: Copy of Current (*2018-2019*) attendance record
- Higher Ed or Adult GED students: Copy of High School Diploma or GED

**Tribal Professional Development (TPD) Program  
Student Work Experience Program Application  
Spring 2019**

Please email/scan applications to [kerlandepatterson@semtribe.com](mailto:kerlandepatterson@semtribe.com)  
Or submit to your CSSS local 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#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ M#: \_\_\_\_\_

Reservation: **BC** **BR** **FP** **HW** **IM** **NA** **TP**

**TR** **Non-Resident**

If NR, What is your original Reservation? \_\_\_\_\_

**GUARDIAN/EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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

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

Major/Minor: \_\_\_\_\_

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

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**DEPARTMENT PLACEMENT** *(Where do you wish to work? Please list 3 options)*

1st Choice: \_\_\_\_\_ Reservation: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Reservation \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Reservation \_\_\_\_\_

**Please list your hour availability for each day**

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: \_\_\_\_\_

Have you been employed with the STOF in the past?  Yes  No

Have you been a Work Experience Program (WEP) participant in the past?  Yes  No

What department(s)? \_\_\_\_\_

When? \_\_\_\_\_

Have you been a Student Work Experience Program (SWEP) participant in the past?  Yes  No

What department(s)? \_\_\_\_\_

When? \_\_\_\_\_

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

Are you a U.S. Citizen?  Yes  No

Do you have any disabilities that would require special accommodations? (*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 Student Work Experience Program.

Moreover, I understand that any potential offer to participate in the Student 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 Student Work Experience, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Student Work Experience.

Parent/ Legal guardian will be notified of any absences of minor Work Experience Program participants during the Student 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: \_\_\_\_\_

*(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: \_\_\_\_\_