



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

**Summer 2019 Student Work Experience Program Application
June 10th – August 2nd (8-week commitment)**

Application Deadline: May 17, 2019
Last day for HR Drug Screening and Background Check: May 24th, 2019

Student: _____ Member #: _____

Reservation (*you plan to work at*): _____ Age (*must be between 14-24*): _____

Please Answer Questions Below

1. Do you plan on taking time off during the Summer Work Experience Program? Yes No

If so, please list the dates that you will be absent: _____

2. Will you participate in the summer college tour? Yes No

**Summer College Tour week is the 8th week of SWEP. If you choose to attend the tour, you are forgoing payment for the 8th week and instead participating in the tour instead. (Dates of tour are: July 28th – August 2nd)*

3. Have you met with a CSSS staff regarding this Summer SWEP application and opportunity? Yes No

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.*)

Proof of enrollment or completion of Middle/High School or GED (*verified by CSSS*)

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

Please email/scan applications to 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 where you reside: **BC** **BR** **FP** **HW** **IM** **NA**
TP **TR** **Non-Resident**

GUARDIAN/EMERGENCY CONTACT

Name: _____ Phone Number: _____

Relationship: _____ Email: _____

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

School or GED Program: _____

City: _____ State: _____ Zip: _____

If currently in middle/high school, what grade are you in? _____

Have you graduated from your program? Yes No

If you are in Higher Education, what is your Major/Minor? _____

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

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

**Department placement is dependent on availability; first come, first serve*

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: _____

Please Answer Questions Below

1. Have you been employed with the STOF in the past? Yes No
2. Have you been a Work Experience Program (WEP) participant in the past? Yes No
What department(s)? _____
When? _____
3. Have you been a Student Work Experience Program (SWEP) participant in the past? Yes No
What department(s)? _____
When? _____

PERSONAL HISTORY

1. 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): _____
What is your relationship to this relative? _____
2. Do you have a valid Florida Driver's License? Yes No
If Yes, please list license number and date of expiration: _____ Exp: _____
3. Are you a U.S. Citizen? Yes No
4. Do you have any disabilities that would require special accommodations? (*Disabilities will not disqualify an applicant from employment*) Yes No
If yes, please describe: _____

EMPLOYEE RESPONSIBILITIES

**Student Worker must sign this section*

Student Initial and Sign

- SWEP employees will be adaptable and able to adjust to the work environment.
- Department supervisors reserve the right to assign or change employee job duties.
- SWEP employee will demonstrate honesty, punctuality and cooperative attitude.
- SWEP Program employees will demonstrate appropriate dress and a willingness to learn.
- SWEP employees will adhere to the policies, rules and regulations of the assigned department.
- SWEP are responsible for reporting their hours in Kronos in a timely and accurate manner.
- SWEP employees are held accountable for maintaining strict confidentiality for all sensitive information encountered while performing their jobs.

Applicant's Signature: _____ Date: _____
(Student Signature Required)

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

Parent/Guardian and Student MUST sign

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 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 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 (Student) 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: _____