



TRIBAL PROFESSIONAL DEVELOPMENT

APPLICATION CHECKLIST

Applying for: WEP SWEP

First Name: _____ Middle Initial: _____

Last Name: _____

Age: _____ Gender: _____ Designated Reservation: _____

Tribal Member ID#: _____

Note: All items must be checked off in order for application to be considered complete.

Application Date Submitted: ____/____/____/

Resume? (Yes/No) If no, please enter due date outlined by TPD:

____/____/____/

H.S. Diploma/ GED or Transcripts (if applicable)

Social Security Card

Tribal ID/Driver's License

Direct Deposit Authorization Form

Signed SWEP/WEP Manual Date Received: ____/____/____/

Signed Job description Date Received: ____/____/____/



SEMINOLE TRIBE OF FLORIDA

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

Phone: (954) 989-6840

Fax: (954) 893-8856

Work Experience Program (WEP) Application

Please complete the form in its entirety; all questions must be answered in order for application to be considered complete

1. Have you participated in the Work Experience Program before? Yes No

If yes, please enter the last date of attendance: ____/____/____

2. Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Age: __ Sex: Male Female Social Security #: ____ - ____ - _____

Tribal Member #: _____ Email: _____

3. Emergency Contacts (Please list two contacts)

(1) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(2) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

4. Educational Background Information

Are you currently enrolled in school? Yes No

If yes, what days/times do you attend class? _____

Name of High School: _____

City: _____ State: _____ Zip Code: _____

Type of Degree: GED High School Diploma Date received: ____/____/____

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

School Name: _____

Graduated? Yes No

Degree Seeking/Received: Certificate Diploma AA AS BA BS Masters PhD

5. **Work History**

Are you currently employed? Yes No

If yes, please list current employer: _____ Job title: _____

What date did you start working there? ____/____/____

Current work schedule (days/times): _____

Past Employers:

(1) Company Name: _____ Job title: _____

Company Address: _____ City: _____ State: ____ Zip Code: _____

Supervisor: _____ Phone #: _____

Dates Employed: (From) ____/____/____ (To) ____/____/____ Hourly Salary: _____

Reason for leaving: _____ May we contact? Yes No

If no, please explain: _____

(2) Company Name: _____ Job title: _____

Company Address: _____ City: _____ State: ____ Zip Code: _____

Supervisor: _____ Phone #: _____

Dates Employed: (From) ____/____/____ (To) ____/____/____ Hourly Salary: _____

Reason for leaving: _____ May we contact? Yes No

If no, please explain: _____

6. **Personal History**

Are you a U.S. Citizen? Yes No

Do you have a valid Florida's Driver's License? Yes No

If yes, list your license number: _____ and expiration date: ____/____/____

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? (*Your answers will be checked against local, state and federal records*) Yes No

If yes, please explain: _____

(Conviction will not necessarily disqualify an applicant from employment; any inaccurate responses will disqualify an applicant from employment).

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: _____

Preferred Department:

What departments are you interested in working for? (Choose only 3)

(Please note that placement is based on skillset, availability and background results, the TPD Program reserves the right to select the most suitable available department.)

- | | | |
|---|---|---|
| <input type="checkbox"/> 4-H Programs | <input type="checkbox"/> Environmental Resources (ERMD) | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Accounting/Finance/Budget | <input type="checkbox"/> Fire Rescue | <input type="checkbox"/> Rock Mining |
| <input type="checkbox"/> Ahfachkee | <input type="checkbox"/> Florida Seminole Tourism | <input type="checkbox"/> Office of Trust Management |
| <input type="checkbox"/> BC Campground | <input type="checkbox"/> General Counsel | <input type="checkbox"/> Okalee Village |
| <input type="checkbox"/> Billie Swamp Safari | <input type="checkbox"/> Health | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Housing | <input type="checkbox"/> Rodeo Programs |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Seminole Media Productions |
| <input type="checkbox"/> CSSS | <input type="checkbox"/> Hunting & Wildlife | <input type="checkbox"/> Seminole Police Department |
| <input type="checkbox"/> Center for Behavioral Health | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Smoke Shop |
| <input type="checkbox"/> Chairman/Council Personnel | <input type="checkbox"/> Museum/THPO | <input type="checkbox"/> Trading Post |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Preschool | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Culture/Community Culture | <input type="checkbox"/> Public Works | <input type="checkbox"/> Tribal Community Development |
| <input type="checkbox"/> Elder Services | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Tribal Court |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Recreation | <input type="checkbox"/> Tribal Secretary |

7. Skills Assessment

Which of the following skills do you have? (Check all that apply)

Communication Skills

- | | | |
|--|---|--|
| <input type="checkbox"/> Answering Telephones | <input type="checkbox"/> Email | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Business Correspondence | <input type="checkbox"/> Filing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Calling Clients | <input type="checkbox"/> Greeting Clients | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> Greeting Employees | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Greeting Visitors | <input type="checkbox"/> Stenography |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Listening | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Directing Clients | <input type="checkbox"/> Email | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Oral Communication | |

Technology Skills

- | | | |
|---|---|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Ordering Office Supplies | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Order Processing | <input type="checkbox"/> Time & Billing |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Outlook | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Faxing | <input type="checkbox"/> QuickBooks | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Typing from Dictation |
| <input type="checkbox"/> Maintaining Office Records | <input type="checkbox"/> Research | <input type="checkbox"/> Videoconference Preparation |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Running Office Machines | <input type="checkbox"/> Voicemail |
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Software | <input type="checkbox"/> Word Processing |

Organization Skills

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Accuracy | <input type="checkbox"/> Clerical | <input type="checkbox"/> Office Administration |
| <input type="checkbox"/> Appointment Setting | <input type="checkbox"/> Efficiency | <input type="checkbox"/> Office Management |

- Attention to Detail
- Billing
- Bookkeeping
- Calendar & Docketing

- Filing
- Inventory
- Legal Familiarity
- Multi-Tasking

- Sorting and Delivering Mail
- Time Management
- Travel Arrangements

Planning Skills

- Analytical
- Communicating
- Evaluating
- Event Coordination

- Goal Setting
- Implementing Actions
- Making Appointments
- Meeting Planning

- Monitoring Actions
- Organized
- Predicting
- Prioritizing

Problem Solving Skills

- Assertive
- Client Relations
- Collaborative
- Critical Thinking
- Decision Making
- Employee Relations

- Goal-Oriented
- Implementing
- Issue Resolution
- Mediation
- Office Coordination

- Research
- Supervising
- Team Working
- Training
- Troubleshooting

8. Professional Development Plan

A Professional Development 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 WEP Program will assist you in accomplishing this objective.

Please answer the following questions: **All questions must be answered.*

Why are you interested in the WEP program?

What are two (2) professional goals you have?

What steps have you already taken to achieve your goals?

What steps do you plan on taking to achieve those goals?

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

9. **Behavioral Assessment** *All questions must be answered.

Describe a stressful situation at work or school and how you handled it.

Describe an instance where you had to work under pressure.

Have you been in a situation where you didn't have enough work to do? How did you handle it?

Have you ever made a mistake? How did you handle it?

Have you ever dealt with company policy you weren't in agreement with? How did you handle it?

Have you gone above and beyond the call of duty? If so, please explain.

Give an example of how you've worked on a team.

What do you do if you disagree with a teacher, parent, adult or friend?

What do you do if you disagree with your boss?

10. **Pre-planned Absences**

Please disclose any dates that you foresee taking time off from work for within the first 90 days of employment (for example, needing time off for personal reasons, vacation, school, or medical appointments).

11. 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.

Photo and Video Disclaimer:

The Tribal Professional Development Team reserves the right to use any photograph/video taken at any event sponsored by the STOF, without the expressed written permission of those included within the photograph/video. The TPD Team may use the photograph/video in publications or other media material produced, used or contracted by the TPD Team including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, etc.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian.

Applicant's Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Date Received: _____

Start Date: _____ Department: _____ Position: _____

TPD Program Staff: _____ Date: _____