



# Tribal Professional Development (TPD) Program

## Student Work Experience Program Application

### Summer 2021

Please email/scan applications to: [tpd@semtribe.com](mailto:tpd@semtribe.com)

OR

Submit to your local CSSS 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#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Member #: \_\_\_\_\_

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 you are currently attending middle/high school, what grade are you in? \_\_\_\_\_

Do you have a high school diploma or GED?  Yes  No

If you are attending college or university, what is your Major/Minor? \_\_\_\_\_

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

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

*\*Department placement is dependent upon availability; first come, first served!*

First Choice: \_\_\_\_\_

Reservation: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Reservation \_\_\_\_\_

Third Choice: \_\_\_\_\_

Reservation \_\_\_\_\_

**Please place a check mark next to each week that you plan to be working.**

Week 1 — (June 14 – June 18)

Week 2 — (June 21 – June 25)

Week 3 — (June 28 – July 2)

Week 4 — (July 5 – July 9)

Week 5 — (July 12 – July 16)

Week 6 — (July 19 – July 23)

Week 7 — (July 26 – July 30)

Week 8 — (August 2 – August 6)

**Please list your time (hours) available for each day of the week**

MON: \_\_\_\_\_

SAT: \_\_\_\_\_

TUE: \_\_\_\_\_

SUN: \_\_\_\_\_

WED: \_\_\_\_\_

THU: \_\_\_\_\_

FRI: \_\_\_\_\_



## EMPLOYEE RESPONSIBILITIES

*\*Student Worker must sign this section*

### Student Initials and Signature

- SWEP employees will demonstrate honesty, punctuality and a cooperative attitude.
- SWEP employees will adhere to assigned department's dress code.
- SWEP employees will adhere to the policies, rules and regulations of the assigned department.
- SWEP employees are responsible for reporting their hours into Kronos, in a timely and accurate manner.
- SWEP employees will maintain strict confidentiality; for all sensitive/confidential information encountered while performing their job duties.
- 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.

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 a reference check, the passing of a pre-employment drug screening and a background check. I hereby authorize The Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screening and a background investigation. I also understand and acknowledge that any employment opportunity with The Seminole Tribe of Florida and its programs is being offered at an "At-Will" basis. This means that I may resign my position 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 Program, I will comply with all policies and procedures of The Seminole Tribe of Florida and the Student Work Experience Program.

Parent/Legal guardian will be notified of any absences of minor Work Experience Program participants during the Student Work Experience Program. I also understand that The Seminole Tribe of Florida and Student Work Experience Program retains the right to amend, modify, add, or delete any or all policies and 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: \_\_\_\_\_