



# SEMINOLE TRIBE OF FLORIDA

HUMAN RESOURCES DEPARTMENT  
 6300 STIRLING ROAD • HOLLYWOOD FLORIDA 33024  
 TOLL FREE: 800-683-7800 X11136  
 LOCAL: 954-967-3403 • FAX: 954-967-3477  
 WEBSITE: WWW.SEMINOLETRIBE.COM

## APPLICATION FOR EMPLOYMENT

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

Position(s) Applied For: _____ _____;			Date: ____/____/____		
Last Name:		First Name:		Middle Name:	
Maiden Name: (if applicable)		Preferred Name:		Social Security #:	
Current Street Address:		City/State Zip:		How Long?	
Former Street Address:		City/State Zip:		How Long?	

Home Phone:		Cell or Other Phone:	
Emergency Contact Name:		Relationship (i.e. Spouse / Parent):	
Emergency Contact Home Phone:		Emergency Contact Cell or Other Phone:	

Please indicate below how you heard about this position(s):

<input type="checkbox"/> Employee Referral (Please provide Name): _____	<input type="checkbox"/> News Ad (Please specify paper): _____
<input type="checkbox"/> Our Web or Other Site (Please specify site): _____	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Other Source (Please provide detail): _____	

Date Available to Report to Work: ____/____/____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Annual Salary or Hourly Rate expected: \$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Hour	

Are you a Seminole of Florida Tribal Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not Seminole, are you a registered member of another federally recognized Native American Tribe? If Yes, please specify Tribe: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Note: A Native American Tribal Document is not required to establish work eligibility, but it must be presented upon hire for classification purposes.</i>				
Are you 18 Years of age or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a valid Florida Drivers License?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, list license number and date of expiration: _____	Expires: ____/____/____			

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Are you currently employed?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Have you ever <b>applied</b> for employment with The Seminole Tribe of Florida or one of its divisions?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<i>If Yes</i> , Division/Location: _____		Approx Date: _____/_____/_____				
Have you ever been <b>employed</b> by The Seminole Tribe of Florida or one of its divisions?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<i>If Yes</i> , Job Title/Location/Division: _____		Approx Date: _____/_____/_____				
<i>If Yes</i> , Were you enrolled in the 401K Plan for your division?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<i>If Yes</i> , Name of Relative(s) and Division(s): _____						
Are you a U.S. Citizen?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If hired, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States? <i>Note: A Social Security Card is not required to establish work eligibility, but it must be presented upon hire for payroll purposes.</i>		(Proof of citizenship or immigration status is required upon employment.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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?		(Conviction will not necessarily disqualify an applicant from employment)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes</i> , please explain and provide Dates:						
Do you have any physical disabilities that would require special accommodations?		(Physical Disabilities will not disqualify an applicant from employment)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes</i> , please Describe:						

**ATTENDANCE AND PUNCTUALITY:**

Consistent attendance and punctuality are essential requirements of every position with The Seminole Tribe of Florida. Is there anything that would interfere with your regular attendance and punctuality if you were hired?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes</i> , please Describe:					

**EDUCATION:**

Level:	Name and Address:	Major:	Diploma/Degree/Certification:
High School:			
College:			
Technical/Other:			
If applying for a Teaching position, please provide your Department of Education (DOE) number: <b>DOE #</b> _____			
List any clerical, computer skills or other job skills you offer and include any office equipment you can operate:			
List any professional or civic organizations that you are presently a member of and note any offices held:			

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List any languages used other than English and check the applicable skill level:

1. \_\_\_\_\_  Speak  Read  Write    2. \_\_\_\_\_  Speak  Read  Write

**EMPLOYMENT - PLEASE LIST YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR CURRENT OR MOST RECENT POSITION (INCLUDE MILITARY SERVICE):**

Company Name:	Dates Worked: From: ____/____/____ To: ____/____/____
Address (Including Street, Suite, City, State & Zip):	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No</i> , please explain why:

Company Name:	Dates Worked: From: ____/____/____ To: ____/____/____
Address (Including Street, Suite, City, State & Zip):	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No</i> , please explain why:

Company Name:	Dates Worked: From: ____/____/____ To: ____/____/____
Address (Including Street, Suite, City, State & Zip):	Beginning Pay: _____ Ending Pay: _____
Last Job Title:	Your Duties:
Name of Your Supervisor:	Supervisor Phone/Ext:
Reason for Leaving:	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No</i> , please explain why:

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

Please provide an account of any gaps in employment.

**REFERENCES - PLEASE LIST THREE INDIVIDUALS THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS, WHO ARE NOT RELATED TO YOU AND ARE NOT LISTED UNDER THE EMPLOYMENT SECTION OF THIS APPLICATION:**

Name:		Occupation:		Phone:	
Address:				Relationship:	
Name:		Occupation:		Phone:	
Address:				Relationship:	
Name:		Occupation:		Phone:	
Address:				Relationship:	

**APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT**

(Please read carefully before signing.)

It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates The Seminole Tribe of Florida to employ me.

I certify that the answers I have provided on this employment application are true, correct and complete.

Moreover, I understand that any consideration for employment is contingent upon reference checking, my passing a pre-employment drug screen and background investigation process, and verification of my identity and my employment eligibility. I hereby authorize The Seminole Tribe of Florida to conduct reference checks, a pre-employment drug screen, and a background investigation. I further agree, as a condition of my application for employment, to submit to any medical examination if requested, based on the requirements of the position that I may be considered for.

I hereby understand and acknowledge that any employment relationship with The Seminole Tribe of Florida 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, I will comply with all policies and procedures of The Seminole Tribe of Florida. I also understand that The Seminole Tribe of Florida retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

*This application is valid for sixty days from the application date, unless renewed by the applicant in person or in writing.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_



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## RELEASE AND AUTHORIZATION FORM

Applicant/Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

I hereby authorize the Seminole Tribe of Florida Human Resources Department to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Seminole Tribe of Florida may conduct all or part of the investigation. I also acknowledge and agree that the Human Resources Department may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and any other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g., record of civil judgment, criminal history, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts may be relevant to the Seminole Tribe of Florida's evaluation of my qualifications, and that such inquiry will be made pursuant to such investigation to release and disclose it to the Human Resources Department, who may in turn disclose said information to a Hiring Manager, or the Tribal Council.

I hereby release the Seminole Tribe of Florida, and any person providing information in connection therewith, from any and all liability that may arise in connection with the above described background investigation. In authorizing such investigation, I also voluntarily agree to provide any supplemental data required to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so, it will be used only in connection with the investigation authorized herewith.

I have also been advised and I understand that this information will become privileged to the Seminole Tribe of Florida and may become part of the confidential record of the Seminole Tribe of Florida to which I will not have access. I hereby release, discharge and exonerate the Seminole Tribe of Florida, its agencies and representatives, and any other person so furnishing information from any and all liability, of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Seminole Tribe of Florida.

\_\_\_\_\_  
Printed Name of Applicant/Employee

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date