



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.

This application will only be considered active for 60 days from the date signed.
To be considered for employment after that date, a new application must be completed.

Seminole Tribe of Florida maintains a drug free workplace

| | | | | | |
|---|--|-----------------------------------|--|--------------|--|
| Position(s) Applied for: _____; _____; _____; | | | | Date: _____ | |
| Last Name: | | First Name: | | Middle Name: | |
| Maiden Name: (if applicable) | | Any other Names used or known by: | | | |
| Current Street Address: | | City/State/Zip: | | How Long? | |
| Former Street Address: | | City/State/Zip: | | How Long? | |

| | | | |
|-------------------------|--|----------------------|--|
| Home Phone: | | Personal Cell Phone: | |
| Personal Email Address: | | | |

| | | | |
|---|--|--|--|
| Please indicate below how you heard about this position(s): | | | |
| Employee Referral (Please provide name): | | News Ad (Please specify paper): | |
| Our Web or Other Site (Please specify site): | | Walk-in | |
| Other Source (Please provided 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"/> Yes <input type="checkbox"/> No | |
| Are you a Member of the Seminole Tribe of Florida? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not Seminole FL, 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 | |
| Note: A Native American Tribal Document is not required to establish work eligibility, but it must be presented upon hire for classifications purposes. | | | |
| Please check the appropriate box if you can speak either or both of the following Native languages: | | <input type="checkbox"/> Creek <input type="checkbox"/> Mikasuki | |
| Are you 18 Years of age or older? (If no, you will be required to provide authorization to work) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you are seeking a position that required driving, do you have a valid Florida Driver's 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 applied for employment with the Seminole Tribe of Florida or one of its divisions? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If Yes , Division/Location: _____ | Approx. Date: _____ | | | |
| Have you ever been employed by the Seminole Tribe of Florida or one of its divisions? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If Yes , Job Title/Location/Division: _____ | Approx. Date: _____ | | | |
| If Yes , were you enrolled in the 401(k) 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 |
| If Yes , Name of the Relative(s) and Division(s): _____ | | | | |
| Are you or any of your family members or relatives, currently a business vendor of the Tribe (i.e. as an independent contractor; employee, salesperson, or business owner/partner)? If Yes, you will be required to complete a Purchasing Vendor Disclosure Form. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you legally authorized to work in the United States? If hired, proof of identity and employment eligibility will be required. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| The Tribe has a Veterans Foundation and tracks Military Service for various events. Please indicate if you are active in the Military, or a Veteran, so we can take note of your services. | <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? (your answers will be checked against local, state and federal records) <i>(Conviction will not necessarily disqualify an applicant from employment; any inaccurate responses will disqualify an applicant from employment)</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If Yes , please explain and provide dates: | | | | |
| Can you perform the essential functions of the job you are applying for (with or without a reasonable accommodation) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

ATTENDANCE AND PUNCTUALITY

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Consistent attendance and punctuality are essential requirements of every position with The Seminole Tribe of Florida are you able to meet the attendance requirements? If you have questions about the specific attendance requirements applicable to the position, ask the interviewer before you answer this question. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

EDUCATION

| Level: | Name and Address: | Major: | Diploma/Degree/Certification and Date Received (if none, so state) |
|------------------|-------------------|--------|--|
| High School: | | | |
| College: | | | |
| Technical/Other: | | | |

If applying for a Teaching position, please provide your Department of Education (DOE) number. DOE #: _____

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

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:

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? Yes 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? Yes 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? Yes No <i>If No</i> , please explain why: |

Have you ever been involuntarily discharged (terminated or asked to resign), or allowed to resign in lieu of termination from a position? If so, explain the circumstances:

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

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. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any discovery by the Company of any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or verbally will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. If driving is a condition of my employment, I agree to immediately notify the Seminole Tribe of Florida if my driver’s license is suspended or revoked. I understand that if employed it is not for a definite period of time and that either the undersigned or the Seminole Tribe of Florida may end the employment relationship at any time, without specified notice or reason.

Moreover, I understand that any considerations for employment is contingent upon reference checking, my successfully passing a pre-employment drug screen, the background investigation process, and verification of my identity and my employment eligibility. I understand the Seminole Tribe of Florida participates in the Florida Department of Law Enforcement’s VECH Program and obtains state and federal criminal history information through that program and I hereby authorize the Seminole Tribe of Florida to conduct any FDLE criminal checks, as well as any reference checks, a pre-employment drug screen, and other appropriate background investigation. I further agree, as a condition of my application for employment, to submit to any post-offer medical examination if requested, based on the requirements of the position that I may be considered for. If the Seminole Tribe of Florida uses third parties (other than through FDLE) to obtain this information about me then I understand that separate Fair Credit Reporting Act (FCRA) Disclosures and Authorizations for consumer reports and investigative consumer reports) will be required to be completed at the appropriate time during the application process.

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.

I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE SEMINOLE TRIBE OF FLORIDA AND ANY RELATED ENTITY.

DUE TO THE HIGH VOLUME OF APPLICATIONS RECEIVED, WE WILL ONLY CONTACT CANDIDATES SELECTED FOR INTERVIEWS

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, or its designee, to conduct an investigation into my personal background for the purpose of evaluating my qualification 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, or its designee, may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and any other person who may have knowledge 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 further understand the Seminole Tribe of Florida participates in the Florida Department of Law Enforcement's VECH Program and obtains state and federal criminal history information through that program and I hereby authorize the Seminole Tribe of Florida to conduct any and all available FDLE criminal checks and understand that may require me to provide fingerprints through the VECH Program.

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 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 persons so furnishing information from any and all liability, or 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