



**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.*

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

<b>Home Phone:</b>		<b>Personal Cell Phone:</b>	
<b>Personal Email Address:</b>		<b>Emergency Contact Full Name:</b>	
<b>Relationship to Contact (i.e. Spouse/Parent, etc.):</b>		<b>Emergency Contact Home Phone:</b>	
<b>Emergency Contact Work Phone:</b>		<b>Emergency Contact Cell Phone:</b>	

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 provide detail): _____	

Date Available to Report to Work: _____	Full Time	Part Time	Temporary
Annual Salary or Hourly Rate expected: \$ _____	Year	Hour	

Are you a Member of the Seminole Tribe of Florida?	Yes	No
<i>If not Seminole FL, are you a registered member of another federally recognized Native American Tribe? If Yes, please specify Tribe:</i> _____ <small>Note: A Native American Tribal Document is not required to establish work eligibility, but it must be presented upon hire for classifications purposes.</small>	Yes	No
Please check the appropriate box if you can speak either or both of the following Native languages:	Creek	Mikasuki
Are you 18 Years of age or older?	Yes	No
Do you have a valid Florida Driver's License?	Yes	No
If Yes, list license number and date of expiration: _____	Expires: _____	

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Are you currently employed?		Yes	No
Have you ever <b>applied</b> for employment with the Seminole Tribe of Florida or one of its divisions?		Yes	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?		Yes	No
<i>If Yes</i> , Job Title/Location/Division: _____		Approx. Date: _____	
<i>If Yes</i> , were you enrolled in the 401(k) Plan for your division?		Yes	No
Does the Seminole Tribe of Florida or one of its divisions presently employ any of your relatives?		Yes	No
<i>If Yes</i> , 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)? <b><i>If Yes, you will be required to complete a Purchasing Vendor Disclosure Form.</i></b>		Yes	No
Are you a U.S. Citizen?		Yes	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.)	Yes	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.		Yes	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)	Yes	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)	Yes	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?		Yes	No
<i>If Yes</i> , please describe:			

**EDUCATION**

Level:	Name and Address:	Major:	Diploma/Degree/Certification
High School:			
College:			
Technical/Other:			
<b>If applying for a Teaching position, please provide your Department of Education (DOE) number. DOE #: _____</b>			

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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:

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**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 considerations 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.*

**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 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 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 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