



SEMINOLE TRIBE OF FLORIDA

HUMAN RESOURCES DEPARTMENT
 6300 STIRLING ROAD • HOLLYWOOD FLORIDA 33024
 TOLL FREE: 800-683-7800 X1136
 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:	
Current Street Address:		City/State Zip:		How Long?	
Former Street Address:		City/State Zip:		How Long?	

Home Phone:		Social Security Number:	
Cell or Other Phone:		Maiden Name (if applicable):	
Emergency Contact Name:		Relationship (i.e. Spouse / Parent):	
Emergency Contact 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: ____/____/____		Shifts willing to work (Check all that apply):					
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Temporary		
<input type="checkbox"/>	First Shift	<input type="checkbox"/>	Second Shift	<input type="checkbox"/>	Third Shift		
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
<i>If not Seminole, are you a registered member of another federally recognized Native American Tribe? If Yes, please specify Tribe: _____</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
<i>If Yes, list license number and date of expiration: _____</i>	Expires: ____/____/____			

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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		
<i>If Yes</i> , 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		
<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:			

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. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
2. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> 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 potential offer of employment would be contingent upon reference checking, my passing a pre-employment drug screen and subsequent 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 screening and a background investigation. I further agree, as a condition of my potential employment, to submit to any medical examination if requested, based on the requirements of the position that I may be offered.

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: _____