

VISION 2020 - Application

**Seneca Nation of
Indians**

**Vision 2020 Internship
Program**



Summer 2021

*SENECA NATION OF INDIANS VISION 2020 INTERNSHIP PROGRAM
HIGH SCHOOL AND COLLEGE STUDENT APPLICATION*

VISION 2020 - Application

Student Participant Eligibility:

- *This is a drug and alcohol free program and students must comply with SNI Human Resource policies.*
- *Students must be an enrolled Seneca, have a "C" (73+) GPA, students must be in good standing with the school, in terms of behavior and fees.*
- *School attendance and tardiness will be considered in the selection process.*
- *Each student will be required to complete an end of summer research project.*

Please submit the following items and completed application to the Education Department. College Students' (ages 18-25) **deadline is May 28th, 2021 by 4:30p.m.**
High School and Pre-College students' **deadline is June 4th, 2018 by 4:30p.m.**

- ___ One (1) Letter of Recommendation (form included in application)
- ___ NYS Working Permit - copy only (14-17 years old or still a high school student)
- ___ Signed and completed application
- ___ Original Tribal Certification from Clerks Office
- ___ Most Recent High School Report Card, or college transcript
- ___ College & pre-college students must provide proof of next fall semester enrollment.

Name of Applicant: _____

Physical Address: _____
(Number & Street) (City) (State) (Zip)

Mailing Address: _____
(Number & Street or PO Box) (City) (State) (Zip)

Home Phone (Daytime): _____ Cell Phone (Daytime): _____

E-mail: _____

Name of School/College _____

Graduation Year: _____ Current GPA: _____ Gender: ___ Male ___ Female

Tribal Roll#: _____ Clan: _____ Birthdate: _____ Age: _____

T-shirt Adult size: ___ X-small ___ Small ___ Med ___ Large ___ X-Large ___ XX-Large

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

E-mail _____

****All completed applications turned in on time will receive an interview for the positions available.
No applications will be taken after the designated deadlines.***

VISION 2020 - Application

Applicants Name: _____

Questions

What type of career(s) are you considering after high school or college?

How would you go about voicing a concern to your supervisor?

How do you demonstrate leadership (please give an example)?

What academic area do you excel in and why do you think you are successful?

How would your teachers describe you as a student?

What character traits do you possess that you will bring to your working experience?

Use one word that best describes you and explain why you chose this word?

LETTER OF RECOMMENDATION
VISION 2020 INTERNSHIP PROGRAM
SENECA NATION OF INDIANS

Students Name: _____

The student identified above is applying for summer internship with the Seneca Nation Vision 2020 Internship Program. As a part of the application process applicants have been requested to seek one reference from an adult non-relative who knows the applicant well and is able to discuss his/her abilities. Please return the completed form to the applicant in a sealed envelope.

1. How long have you known the applicant? _____

2. How do you rate the educational/work achievement of this applicant?

Outstanding Above Average Average Below Average Poor

3. How do you rate the applicant's relationship with other people? Consider such things as ability to work/get along with others, etc.

Outstanding Above Average Average Below Average Poor

4. How do you rate the applicant's personal, emotional, and ethical attributes?

Outstanding Above Average Average Below Average Poor

5. Why do you believe the applicant is a good candidate for the Vision 2020 Program?

LETTER OF RECOMMENDATION
VISION 2020 INTERNSHIP PROGRAM
SENECA NATION OF INDIANS

Please provide any written comments you may like to add about this applicant (please feel free to add any additional documentation that may assist in your recommendation)

I certify that I am NOT related by blood or by marriage to the applicant.

Signature: _____

Print Name: _____ Date: _____

VISION 2020 -Application

READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE

I understand that the SNI is relying upon all representations, both written and oral, which I have made or will do during the entire process of applying for employment with the SNI.

I understand that this position is subject to pre-employment and random drug screens.

I hereby understand and agree that my employment is AT WILL, that nothing in this application or in any other company document shall be deemed to create any contract of employment between me and the SNI and that my employment can be terminated at any time by myself or the SNI for any or no cause. I understand and agree that any statement to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

I understand that if I make any false statements, misrepresentations, or omissions in this application process I will be disqualified. I may be discharged at any time during my employment and I agree to hold the SNI and persons names herein harmless in that event.

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ hereby authorize the Seneca Nation of Indians to investigate my former employment record as indicated on my resume or Seneca Nation of Indians Application for Employment in consideration of the position(s) applied for

I acknowledge that the SNI has a right to investigate any job related information that the SNI believes relevant including, but not limited to, employment history and educational background. I hereby release and agree to hold the SNI harmless from all liability resulting in any way from such investigation and from all attorney fees resulting from legal action I may institute which is within the scope of this waiver.

I further authorize work related references be supplied to the Seneca Nation of Indians Human Resources Office.

I hereby release the Seneca Nation of Indians, its employees, officers, and directors from all liability for damages arising out of the furnishing information as requested by me.

Applicant's Printed Name

Signature

Date

Social Security Number

Date of Birth

Witness-Print Name

Signature

Must be signed before employment application will be accepted

SENECA NATION OF INDIANS

EMPLOYEE DRUG AND ALCOHOL TESTING RELEASE

I, _____ (name of applicant or employee), hereby voluntarily agree to submit to any drug test requested and conducted by the Seneca Nation of Indians (the "Nation") which the Nation deems in its sole discretion, to be reasonably necessary to provide its workers with a safe and healthy working environment.

I, _____ (name of applicant or employee), acknowledge that in the course of my employment, and as a prerequisite of employment with the Nation, I may be asked to submit to a random drug test and provide a urine, blood or breath sample and that I hereby consent to such tests in recognition of the Nation's efforts to maintain a drug and alcohol free workplace.

I have read, understand agree, and consent to the Nation's Drug and Alcohol testing policy as stated above, and recognize that decisions regarding my employment at the Nation may be made from the result of this test.

I AUTHORIZE the Nation, and its physician(s), nurses, technicians or agents to collect a specimen or specimens of my blood, breath or urine for chemical analysis.

I CONSENT to this test for drugs and alcohol and authorize the Nation's testing consultant(s) and testing laboratory to provide test results to the Nation. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with the Nation or may be disciplined.

I hereby indemnify, release and forever discharge and hold the Nation and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

Printed Name: _____ Signed: _____

Social Security #: _____ Date: _____

CONSENT OF PARENT OR GUARDIAN

I hereby certify that I am the parent or legal guardian of _____ (employee). I hereby agree that I have reviewed and understand this release that the employee has been asked to execute, and further understand that the employee will be required to submit to testing for the presence of drugs as a condition of employment. I hereby give my irrevocable consent for the employee to be tested in accordance with the Seneca Nation of Indians Drug and Alcohol Testing Policy.

Parent's name (print): _____ Mother / Father / Legal Guardian

Parent signature: _____ Date: _____

Notary Statement {STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledge before me this _____ day of _____, 20____.

Notary Public _____ My commission expires _____.

