



Seneca Nation of Indians

Vision 2020

High School Student

Internship Program

Application

2021

SENECA NATION OF INDIANS VISION 2020 INTERNSHIP PROGRAM (VIP)

HIGH SCHOOL STUDENT APPLICATION

VISION 2020 - Application

Program Overview: The Seneca Internship Program will provide gainful employment opportunities to serve Seneca students as interns in their selected field of study. Work experience will provide the student with an opportunity to develop, observe, and understand the type of expectations their job requires in a real work environment.

Vision 2020 aspires to employ "Qualified Seneca's in all Leadership positions by the year 2020" to ensure continual protection of sovereignty and treaty rights by leaders proficient in Seneca History and values. Future leaders must also be versant in interdisciplinary subjects that will enrich academic and professional experiences through their high school, college and professional careers.

Interns are expected to work 32 hours a week during the 6 week program. Internships are offered during the summer. Each intern will be required to complete a portfolio to document the events, projects, trainings, and overall learning experience of the Vision 2020 program. This is a drug and alcohol free program and students must comply with SNI Human Resource policies.

Eligibility: Applicant must be an enrolled Seneca, between the ages of 14-21. Applicant must be a high school student or entering 9th grade in the academic year or a high school graduate who is registered for college courses in the fall ; Applicant must have a 70% or "C" average/GPA, and must be in good standing with the school, in terms of academics and behavior. School attendance and tardiness will be considered in the selection process.

Application Deadline: Applicants must be received at SNI Education Department by
4:30pm on June 11, 2021

Application Requirements: Applicants must submit the following as a complete package. Incomplete applications will not be reviewed.

- ☐ Application Form
- ☐ One (1) Letter of Recommendation (form included in application)
- ☐ NYS Working Permit, if under age 18- COPY ONLY (Blue card ages 14-15, Green Card ages 16-17)
- ☐ Original Tribal Certification from Clerks Office or copy of tribal I.D.
- ☐ Most Recent Transcript/Grades

Name: _____

Address: _____

Tribal Roll #: _____ Clan: _____ Birthdate: _____ Gender: ____ Male ____ Female

Cell Phone: _____ Home phone: _____

Email Address: _____

School Name & Address: _____

Grade Entering (circle) 9 10 11 12 Graduation Year: _____ Current Avg./GPA: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Shirt size: _____ Dept you would like to work for 1 . _____

2. _____ 3. _____

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

**LETTER OF RECOMMENDATION
VISION 2020 INTERNSHIP PROGRAMS
SENECA NATION OF INDIANS**

Student's 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.

How long have you known the applicant? _____

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

Outstanding	Above Average	Average	Below Average	Poor
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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
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How do you rate the applicant's personal, emotional, and ethical attributes?

Outstanding	Above Average	Average	Below Average	Poor
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Why do you believe the applicant is a good candidate for the Vision 2020 Program?

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)

[illegible]

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 furnishings 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 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 I 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 Number: _____

Date: _____

CONSENT OF PARENT OR GUARDIAN

I hereby certificate 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.

Printed Name: _____

Date: _____

Signed: _____

(Must be notarized)