



Seneca Nation of Indians

Seneca Leadership Intern Program

College Student

2026 Application

Program Dates: 06/29 – 08/07/2026

DUE: MAY 22nd, 2026

****LATE APPLICATIONS WILL NOT BE ACCEPTED****

Seneca Leadership - Application

Program Overview: The Seneca Leadership Program will provide gainful employment 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.

SLP aspires to employ “Qualified Seneca’s in all Leadership positions” 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 40 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 their internship. This is a drug and alcohol-free program, and students must comply with the SNI Human Resource policies.

Eligibility: Applicants must be an enrolled Seneca between the ages of 14-25. Applicants must be accepted and registered for college courses in the Fall of 2026 or a current college student. Applicants 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: Applications must be received at the SNI Education Department by **4:30pm on May 22nd, 2026. *No Exceptions***

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

- Application Form
- Resume & Cover Letter
- Original Tribal Certification from Clerks Office or Copy of Tribal ID
- Most recent Transcript/Grades
- College Acceptance Letter * (If you are a graduating High School student entering college in Fall 2026) *
- Criteria for your internship from your college or university (if you are requesting to receive academic credit for this internship)

Name: _____

Address: _____

Tribal Roll #: _____ Clan: _____ Birthday: _____ Gener: ___ Male ___ Female

Cell Phone #: _____ Other Contact #: _____

Email Address: _____

School Name & Address: _____

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

Parent/Guardian Name: _____

Cell Phone #: _____ Other Contact #: _____

Shirt Size: _____

Department you would like to work in: 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 deadline.

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Are you requesting that your college grant you credit hours for your internship? _____

Dates available to perform internship: _____

If you do not receive an internship for credit, would you be interested in being considered for an internship with SLP? _____ If so, which SNI Department? _____

Education:

TYPE OF SCHOOL	NAME & LOCATION	DEGREE/DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: _____

Employment History (include paid, volunteer, and intern positions)

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

Position Title: _____ Start Date: _____ End Date: _____

Description of Duties: _____

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References:

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

Name: _____ Telephone Number: _____

Company/School: _____

Relationship: _____ Known How Long: _____

Community/professional organizations, honors and awards: _____

Activities relevant to the internship for which you are applying: _____

Why would you like to work as an SLP intern? _____

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Name: _____

Questions:

Please answer the following questions (use separate page if needed)

What type of careers would you like to get into after college? _____

How would you go about voicing concerns or creating change to our Tribal Leaders? _____

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

If we visited your school, how would your teachers describe you, as a student, to us? _____

What character trait do you possess that you will bring to this internship? _____

What academic area do you excel in? _____

What academic area do you struggle with and what steps have you taken to improve? _____

If you had the opportunity to take a college course for credit during the summer, which subject areas would be most beneficial to your academic success?

Math _____

Writing _____

Public Speaking _____

Other: _____

READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE:

I understand that the Seneca Nation (SN) is relying upon all the representations, both written and oral, which I have made or done during the entire process of applying for employment with the SN.

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 by me and the SN and that my employment can be terminated at any time by myself or the SN for any or no cause. I understand and agree that any statements 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 the application process, I may be discharged at any time during my employment and I agree to hold the SN and persons named herein harmless in the event.

Applicant Signature: _____

Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Seneca Nation (SN) to investigate my former employment record as indicated on my resume and/or Seneca Leadership Program Application for Employment in consideration of the position(s) applied for.

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

I further authorize work related references to be supplied to the SN Education Department Office.

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

Applicant Print Name: _____ Date of Birth: _____

Applicant Signature: _____

Witness Print Name: _____

Witness Signature: _____

****Must be signed before application will be accepted****

EMPLOYEE DRUG AND ALCOHOL TESTING RELEASE

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

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

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

I AUTHORIZE the SN, and its physicians, nurses, technicians or agents to collect a specimen or specimens of my blood, breath, urine, hair, or saliva for chemical analysis.

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

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

Print Name: _____

Signature: _____

Last 4 SSN: _____

Date: _____

*** A positive drug and alcohol test of any substance, including marijuana, will disqualify applicants due to program guidelines. ***

****If applicant/employee is under the age of 18****

CONSENT OF PARENT OR GUARDIAN

I hereby certify that I am the parent or legal guardian of _____ (applicant). I hereby agree that I have reviewed and understand this release that the applicant has been asked to execute and further understand that the applicant 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 applicant to be tested in accordance with the SN Drug, Alcohol and Controlled Substance Abuse Policy.

Print Name: _____

Signature: _____

Subscribed and sworn to before me on this _____ day
of _____, 20____

Notary Public

State