



Seneca Nation of Indians

Seneca Leadership Intern Program

College Student

2024 Application

Program dates 7/1 -8/9

DUE: MAY 23rd 2024

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

*SENECA NATION OF INDIANS SENECA LEADERSHIP INTERN PROGRAM (SLP)
COLLEGE STUDENT APPLICATION*

SENECA LEADERSHIP PROGRAM —Application

Program Overview: *The SLP 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.*

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. Interns may receive academic credit if an agreement is made between the SNI Education Department and the intern’s college or university. Each intern will be required to complete a portfolio to document the events, projects, training, and overall learning experience of their internship. This is a drug and alcohol free program and students must comply with SNI Human Resources policies.

Eligibility: *An applicant must be a recent high school graduate accepted into a college or university or a college undergraduate; must be between the ages of 18-25; and must be matriculated or registered for college courses in the fall. Applicant must be an enrolled Seneca, have a 2.0 GPA, and must be in good standing with the school, in terms of academics and fees*

Application Dead line: Applications must be received at the SNI Education Department by **May 23, 2024@ 4:30 pm**

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
- Most Recent Transcript/Grades
- 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: _____ Birthdate: _____ Gender: ___Male ___Female

Cell Phone: _____ Home Phone _____

Email Address: _____

School Name & Address: _____

School Phone Number: _____ Graduation Year: _____ Current GPA: _____

Shirt size: _____ Department you would like to work for ?

1. _____ 2. _____ 3. _____

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

Seneca Leadership Program - Application

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 (Includes paid, volunteer, and intern positions)

Most Recent Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

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

Description of duties: _____

Employer: _____ Telephone Number: _____

Address: _____

Supervisor (Name & Title): _____

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

Description of duties: _____

SENECA LEADERSHIP PROGRAM - Application

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 a SLP intern? _____

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Name: _____

Questions:

In one or two paragraphs please answer the following questions (use separate page if needed)

What type of careers would you like to get into after high school or college?

How would you go about voicing a concern 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 traits 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 step 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 _____

SENECA LEADERSHIP PROGRAM - 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)