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 Deadline: 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.
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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:

<table>
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<tr>
<th>TYPE OF SCHOOL</th>
<th>NAME &amp; LOCATION</th>
<th>DEGREE/DATE</th>
<th>MAJOR</th>
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<td>High School</td>
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<td>College</td>
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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:________________________________________________________________

__________________________________________________________________________________
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References
Name: __________________________ Telephone Number: _______________________
Company/School: _____________________________________________________________
Relationship: __________________ Even known how long: ________________________

Name: __________________________ Telephone Number: _______________________
Company/School: _____________________________________________________________
Relationship: __________________ Even known how long: ________________________

Name: __________________________ Telephone Number: _______________________
Company/School: _____________________________________________________________
Relationship: __________________ Even 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

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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)