Seneca Nation of Indians

Seneca Leadership Program

(formerly Vision 2020)

High School Student

Internship Program

Application

2022

DUE: MAY 20, 2022

* Late applications will not be accepted
Seneca Leadership Program - Application

Program Overview: The Seneca Leadership 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.

The Seneca Leadership Program aspires to employ “Qualified Seneca's in Leadership positions” to ensure continuous 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 the Seneca Leadership 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 upcoming academic year or a high school graduate who is registered for college courses in the coming fall semester; 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 the SNI Education Department by 4:30pm on May 19, 2022 *No Exceptions

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
SENECA LEADERSHIP PROGRAM
SENECA NATION OF INDIANS

Student’s Name: _____________________________________________________

The student identified above is applying for summer internship with the Seneca Nation Seneca Leadership 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

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

How do you rate the applicant’s personal, emotional, and ethical attributes?

Outstanding          Above Average         Average             Below Average    Poor

Why do you believe the applicant is a good candidate for the Vision 2020 Program?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
LETTER OF RECOMMENDATION
SENECA LEADERSHIP 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)

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

Signature: _________________________________________________________________
Print Name: ________________________________________ Date:___________________
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 en-
vironment.

I, ____________________________, (name of applicant or employee), acknowledge that in the course of my em-
ployment, 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 labora-
tory to provide test results to the Nation. As a consequence of any positive result obtained by said test, I under-
stand 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 compa-

ties, 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 un-
derstand that the employee will be required to submit to testing for the presence of drugs as a condition of em-
ployment. I hereby give my irrevocable consent for the employee to be tested in accordance with the Seneca Na-

tion of Indians Drug and Alcohol Testing Policy.

Printed Name: ___________________________
Date: ___________________________  Signed: _________________________

(Must be notarized)