



# SENECA LEADERSHIP PROGRAM

## High School & College Student Application

~Allegany~

### Student Participant Eligibility:

- This is a drug and alcohol-free program, and students must comply with SNI Human Resource policies.
- Students must be an enrolled Seneca, have a "C" (73+) GPA, students must be in good standing with the school, in terms of behavior and fees.
- School attendance and tardiness will be considered in the selection process.
- Each student will be required to complete an end of summer research project.

### Deadlines:

College Students' (ages 18-25)

**May 17, 2024** by 4:30 pm

High School & Pre-College

**students' June 7, 2024** by 4:30 pm

**Checklist:** Please submit the following items to the Allegany Education Department.

- \_\_\_ One (1) Letter of Recommendation (form included in application)
- \_\_\_ NYS Working Permit – copy only (14-17 years old or still a high school student)
- \_\_\_ Signed and completed application
- \_\_\_ Original Tribal Certification from Clerks Office
- \_\_\_ Most Recent High School Report Card, or college transcript
- \_\_\_ College & pre-college students must provide proof of next fall semester enrollment.

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone (Daytime): \_\_\_\_\_ Cell Phone (Daytime): \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of School/College \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Tribal Roll #: \_\_\_\_\_ Clan: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt Adult size: \_\_\_X-small \_\_\_Small \_\_\_Med \_\_\_Large \_\_\_X-Large \_\_\_XX-Large

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

# SENECA LEADERSHIP APPLICATION (cont.)

Applicants Name: \_\_\_\_\_

## Questions

*What type of career(s) are you considering after high school or college?*

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*How would you go about voicing a concern to your supervisor?*

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

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*What academic area do you excel in and why do you think you are successful?*

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*How would your teachers describe you as a student?*

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*What character traits do you possess that you will bring to your working experience?*

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*Use one word that best describes you and explain why you chose this word?*

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# SENECA LEADERSHIP PROGRAM

## LETTER OF RECOMMENDATION

Students Name: \_\_\_\_\_

The student identified above is applying for a summer internship with the 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? \_\_\_\_\_

For the following questions, please use the following scale:

**1 = Outstanding      2 = Above Average      3 = Average      4 = Below Average      5 = Poor**

How do you rate the educational/work achievement of this applicant?      1      2      3      4      5

How do you rate the applicant's relationships with other people?      1      2      3      4      5  
*(Consider such things as ability to work/get along with others, etc.)*

How do you rate the applicant's personal, emotional, and ethical attributes?      1      2      3      4      5

Why do you believe the applicant is a good candidate for the Seneca Leadership Program?

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Please provide any additional 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE**

I understand that the Seneca Nation of Indians (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 my 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 furnishing information as requested by me.

**APPLICANT:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Last 4 digits of SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**WITNESS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\* 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 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 in 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Last 4 digits of SS #: \_\_\_\_\_

**CONSENT OF PARENT OR GUARDIAN**

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_ (applicant/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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Mother / Father / Legal Guardian

**Notary Statement** {STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_.}