Seneca Nation of Indians

Vision 2020 Internship Program

Summer 2021
VISION 2020 - Application

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.

Please submit the following items and completed application to the Education Department. College Students' (ages 18-25) deadline is May 28th, 2021 by 4:30 p.m.
High School and Pre-College students' deadline is June 4th, 2021 by 4:30 p.m.

___ 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 or PO Box) (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.
Applicants Name: ________________________________________________________

Questions

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

How would your teachers describe you as a student?

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________
LETTER OF RECOMMENDATION
VISION 2020 INTERNSHIP PROGRAM
SENeca NATION OF indians

Students Name: ____________________________________________________________

The student identified above is applying for summer internship with the Seneca Nation Vision 2020 Internship 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.

1. How long have you known the applicant? _________________________________

2. How do you rate the educational/work achievement of this applicant?
   Outstanding  Above Average  Average  Below Average  Poor

3. 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

4. How do you rate the applicant’s personal, emotional, and ethical attributes?
   Outstanding  Above Average  Average  Below Average  Poor

5. Why do you believe the applicant is a good candidate for the Vision 2020 Program?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
LETTER OF RECOMMENDATION
VISION 2020 INTERNSHIP 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: ____________________________________________ Date: ________________________

Print Name: __________________________________________
VISION 2020 - 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

________________________________________
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 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.

Printed Name: ___________________________________________ Signed: ___________________________________________

Social Security #: ________________________________________ Date: __________________________

CONSENT OF PARENT OR GUARDIAN

I hereby certify 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.

Parent’s name (print): ___________________________________________ Mother / Father / Legal Guardian

Parent signature: ___________________________________________ Date: __________________________

Notary Statement {STATE OF ___________________________ COUNTY OF ___________________________}

The foregoing instrument was acknowledge before me this ______ day of ____________, 20____. Notary Public ___________________________ My commission expires ___________________________}