



SENECA NATION OF INDIANS HUMAN RESOURCES

12837 Rt. 438 • Irving, NY 14081 • Phone (716) 532-4900 • Fax (716) 532-0497
P.O. Box 231 • Salamanca, NY 14779 • Phone (716) 945-1790

Application for Employment

The Seneca Nation of Indians will not discriminate against any applicant or employee on the basis of race, ethnicity, color, religion, sex, age, marital status, physical or mental disability, or national origin. Preference will be given, however, to enrolled Seneca's, then to other Indian applicants in accordance with the exemption authorized by Section 703(I), Title VII of the Civil Rights Act of 1964.

Date _____

Application must be complete and legible. Incomplete applications will NOT be considered.

PERSONAL INFORMATION

Name(Last)

(First)

(Middle)

Address (Number and Street)

City

State

Zip Code

Phone Number Home Cell
Area Code ()

Phone Message Number Home Cell
Area Code ()

Email: _____

Under what other names have you been employed?

NATIVE STATUS

ENROLLED SENECA
ID #:

ENROLLED OTHER: _____
ID #: (Tribal Affiliation)

VETERAN STATUS

Military – Branch

Date(s) of Service

Rank at Discharge

POSITION(S) APPLIED FOR

1. Experience yrs months

Location:

2. Experience yrs months

Location:

Type of work preferred: Full Time Part Time Temporary Shift Weekends

EDUCATION

High School, GED, Trade School, College, or University

Address

Graduate

Degree/Major

Yes No

Yes No

Yes No

REFERENCES Please list two job related references who are familiar with your ability. Do not list relatives.

Name Occupation City State Area Code Phone
()

()

Name: _____
 (Last) (First) (MI)

TRAINING SKILLS (CPR, Lifeguard, first aide or other specialized certifications)

Describe any special training, professional licenses or certifications received or skills acquired: _____

MS Office Knowledge: Word Excel Access PowerPoint
 (Circle all that apply)

Do you have a valid Driver's License? Yes No List Endorsements/Restrictions: _____
 State: _____ DL #: _____

Are you now or have you ever been convicted of, or are you being currently prosecuted for a felony? Yes No
 or misdemeanor? Yes No

If Yes, list charge, date, city, name and address of the courts involved, and final disposition:

EMPLOYMENT HISTORY - Please provide the following information beginning with your most recent employer.
 (If you have a resume, you must still complete this section in full)

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: _____ To: _____	Supervisor's Name & Phone	May we contact Employer: ____ Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly _____

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: _____ To: _____	Supervisor's Name & Phone	May we contact Employer: ____ Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly _____

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: _____ To: _____	Supervisor's Name & Phone	May we contact Employer: ____ Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly _____

Attach a separate sheet if additional employment history.

READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE.

I understand that the SNI is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with the SNI.

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 anytime by myself or the SNI for any or no cause. I understand and agree that any statements 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 may be discharged at anytime during my employment and I agree to hold the SNI and persons named herein harmless in that event.

Applicants 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 the 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 any 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 of this information as requested by me.

Applicant – Print Name

Signature

Date

Social Security Number

Date of Birth

Witness – Print Name

Signature

**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.

Print Name: _____ Signature: _____

Last 4 SSN: _____ Date: _____

******If applicant/employee under the age of 18 ****
CONSENT OF PARENT OR GUARDIAN**

I hereby certify that I am the parent or legal guardian of _____ (applicant). I hereby agree that I have reviewed and understand this release that the applicant has been asked to execute, and further understand that the applicant 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 applicant to be tested in accordance with the SNI Drug, Alcohol and Controlled Substance Abuse Policy.

Print Name: _____ Signature: _____

Notary Stamp:

