

SENECA NATION OF INDIANS



HUMAN RESOURCES

12837 Rt. 438 • Irving, NY 14081 • Phone (716) 532-4900 • Fax (716) 532-0497

Application for Employment

The Seneca Nation of Indians (SNI) will not discriminate against any applicant for employment on the basis of race, color, religion, sex, age, national origin, HIV infection, or physically challenged in need or reasonable accommodations. Preference will be given to enrolled members of the SNI and to other Indians living on or near the SNI. Applicants for employment under programs operated with federal funds and state funds may be entitled to protection against discrimination under various federal and state laws. All applicants for employment are entitled to protection under the Federal Indian Civil Rights Act of 1964.

Date

PERSONAL INFORMATION

Social Security No. Name(Last) (First) (Middle)

Address (Number and Street) City State Zip Code

Telephone Area Code ( ) Telephone Message Number Area Code ( )

Under what other names have you been employed?

Native American? [ ] Yes [ ] No Enrolled Seneca? [ ] Yes [ ] No

Do you have a valid NYS driver's license? [ ] Yes [ ] No

POSITION INFORMATION

Position Desired 1. Experience yrs months Salary Desired

Secondary Position Desired 2. Experience yrs months Salary Desired

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

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +

High School, Trade School, College, or University Address Graduate Degree/Major

[ ] Yes [ ] No

[ ] Yes [ ] No

[ ] Yes [ ] No

Are you now or have you ever been convicted of, or are you being currently prosecuted for a felony? Circle: YES NO If Yes, list charge, date, city, name and address of the courts involved, and final disposition:

**TRAINING SKILLS**

Describe any special training received or skills acquired:

	Typing Speed (if applicable)	Shorthand Speed (if applicable)
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Military – Branch	Date Entered	Date and Place of Discharge	Rank at Discharge
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**REFERENCES**

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

Name	Occupation	City	State	Area Code ( )	Telephone

**EMPLOYMENT HISTORY**

All applicants must provide employment history for **past 10 years**. Please start with most recent employer and account for all periods of unemployment.

From	To	Type of Work	Pay	Reason for Leaving
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Mo	Yr	Present	Company
Address			
City and State			
Supervisor's Name and Phone #			

Mo	Yr	Mo	Yr	Company
Address				
City and State				
Supervisor's Name and Phone #				

Mo	Yr	Mo	Yr	Company
Address				
City and State				
Supervisor's Name and Phone #				

Mo	Yr	Mo	Yr	Company
Address				
City and State				
Supervisor's Name and Phone #				

**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 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 also authorize my former employers, schools and personal references to provide any information they may have regarding me. I hereby release them and their company from all liability for divulging same.

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.

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Applicants Signature

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Date

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FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED:

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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 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 Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Previous Last Name(s) of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**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.

Signature of Applicant or Employee: \_\_\_\_\_

Printed Name of Applicant or Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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