



# Seneca Nation HUMAN RESOURCES

12837 Route 438, Irving, NY 14081 Phone (716) 532-4900 Fax (716) 532-8235  
PO Box 231, Salamanca, NY 14779 Phone (716) 945-1790



The Seneca Nation will not discriminate against any applicant or employee on the basis of race, ethnicity, color, religion, gender, age, marital status, physical or mental disability, or national origin. (Preference will be given to enrolled Seneca's.) We encourage woman, minorities, individuals with disabilities and veterans to apply to all our job openings.

### \* Pre-Employment Drug Screen is Mandatory \*

If you need assistance completing this application, please call the Human Resources Department at 716-532-4900 for Cattaraugus Territory or 716-945-1790 for Allegany Territory.

### Required Documents Checklist

1. **Proof of Education**
  - High School Diploma
  - High School Equivalency (HSE) / Test Assessing Secondary Completion (TASC)
  - Transcript
2. **Photo ID** (Driver's License, Learner's Permit, Non-Driver's Card and/or Tribal Identification Card)
3. Completed **Application for Employment**
4. Completed **Background Investigation Form** \*\*This must accompany the application if the position you are applying for involves any of the following: Elders, children or cash\*\*

## APPLICATION FOR EMPLOYMENT

*Application must be complete and legible. Incomplete application will NOT be considered.*

### Personal Information

Name (Last, First, Middle): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: Home Cell \_\_\_\_\_ Phone Message #: Home Cell \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Names Employed Under: \_\_\_\_\_

Enrolled Seneca: Yes No **If Yes, Enrollment ID #:** \_\_\_\_\_

Veteran: Yes No Driver's License: Yes No

### Position(s) Applying For

1. \_\_\_\_\_ 2. \_\_\_\_\_

Type of work preferred: Full-time Part-time Temporary Shift Weekends

### Education

SCHOOL NAME (High school/TASC/Trade/College)	SCHOOL ADDRESS	GRADUATE	DEGREE/MAJOR
		Yes No	
		Yes No	
		Yes No	

# Seneca Nation Human Resources – Application for Employment

## References

List two job related references. Do not list relatives.

NAME	OCCUPATION	CITY	STATE	PHONE #

## Training Skills

Describe any special training, skills acquired, professional licenses/certifications received: (ie: CPR, lifeguard, etc.)

\_\_\_\_\_

Microsoft Office Knowledge: (Check all that apply)    Word    Excel    Access    PowerPoint    Publisher

Typing Speed: \_\_\_\_\_ WPM

## 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 Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact Employer:    Yes    No    Rate of Pay: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact Employer:    Yes    No    Rate of Pay: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ May we contact Employer:    Yes    No    Rate of Pay: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**\*Attach a separate sheet if additional employment history.**

## *Seneca Nation Human Resources – Application for Employment*

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

I understand that the Seneca Nation (SN) 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 SN.

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 SN and that my employment can be terminated at any time by myself or the SN 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 any time during my employment and I agree to hold the SN and persons named herein harmless in that event.

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

---

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize the Seneca Nation (SN) to investigate my former employment record as indicated on my resume and/or Seneca Nation Human Resources Application for Employment in consideration of the position(s) applied for.

I acknowledge that the SN has the right to investigate any job related information that the SN believes relevant including, but not limited to, employment history and educational background. I hereby release and agree to hold the SN 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 Human Resources Office.

I hereby release the Seneca Nation, 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Seneca Nation Human Resources – Application for Employment*

**\*\*\* MUST BE SIGNED BEFORE EMPLOYMENT APPLICATION WILL BE ACCEPTED \*\*\***

**EMPLOYEE DRUG AND ALCOHOL TESTING RELEASE**

I, \_\_\_\_\_ (applicant/employee), hereby voluntarily agree to submit to any drug test requested and conducted by the Seneca Nation (SN) which the SN deems, in its sole discretion, to be reasonable necessary to provide its workers with a safe and healthy working environment.

I, \_\_\_\_\_ (applicant/employee), acknowledge that in the course of my employment, and as a prerequisite of employment with the SN, I may be asked to submit to a random drug test and provide a urine, blood, breath, hair or saliva sample and that I hereby consent to such tests in recognition of the SN efforts to maintain a drug and alcohol free workplace.

I have read, understand, agree and consent to the SN’s Drug and Alcohol testing policy as stated above, and recognize that decisions regarding my employment at the SN may be made from the result of this test.

I AUTHORIZE the SN, and its physicians, nurses, technicians or agents to collect a specimen or specimens of my blood, breath, urine, hair, or saliva for chemical analysis.

I CONSENT to this test for drugs and alcohol and authorize the SN testing consultant(s) and testing laboratory to provide test results to the SN. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with the SN or may be disciplined.

I hereby indemnify, release and forever discharge and hold the SN and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgements 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 is 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 SN Drug, Alcohol and Controlled Substance Abuse Policy.

**\*\*A Notary is located in the SN Clerk’s Office\*\***

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

Notary Stamp:



# Seneca Nation HUMAN RESOURCES

12837 Route 438, Irving, NY 14081 Phone (716) 532-4900 Fax (716) 532-8235  
PO Box 231, Salamanca, NY 14779 Phone (716) 945-1790



## BACKGROUND INVESTIGATION FORM

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided; solicitation on the information of this form is authorized by 25 USC 3201 et seq., Indian Child Protection and Family Violence Prevention Act, and Seneca Nation Council Motion, CN: R-12-11-04-11, to conduct character investigations of any employee (or potential employee) whose duties include regular contact with Indian children. The information will be used by staff that has a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, Local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regular investigations of activities while associated with tribe. Failure to consent the disclosures indicated in this notice will result in the tribe's being unable to hire you in any position working with children. A false statement on any part of the application may be grounds for not hiring you, or for terminating you after you begin employment. The disclosure of your Social Security Number is voluntary. However, failure to supply a SSN may result in errors in processing of you clearance.

Initial that you have read and understand the above before proceeding: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Position(s) for which you are applying: 1. \_\_\_\_\_  
2. \_\_\_\_\_

### SECTION 1

Full Name: \_\_\_\_\_  
(LAST) (FIRST) (FULL MIDDLE)

Other names used (Alias, maiden, etc. both written and oral): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: Male Female

Social Security #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Driver's License: State where licensed for the past 5 years: \_\_\_\_\_ License #: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Physical Features: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Enrolled Seneca: Yes No If Yes, Tribal Enrollment #: \_\_\_\_\_

Race: American Indian/Alaskan Native White Black Asian Hispanic Unknown Other \_\_\_\_\_

### SECTION 2

Current Physical Address: \_\_\_\_\_  
(Street - Apt #) (City) (State) (Zip)

Phone Number(s) we may BEST reach you: \_\_\_\_\_

List of residences from age 18:

CITY	COUNTY	STATE	DATES (MONTH & YEAR)	
			FROM:	TO:

## Seneca Nation Human Resources – Background Investigation Form

**SECTION 3** (Use separate sheet if needed to fully answer the following)

A. Are you or have you been arrested or charged with a crime involving a Child, Elders or Money?      Yes      No  
***If Yes, Provide the date, explanation of the violation, place of the occurrence, disposition of the arrest charge, and the name and address of the police department AND court involved:*** \_\_\_\_\_

---



---



---

B. Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact, or prostitution; or crimes against persons?      Yes      No

***If Yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department AND court involved:*** \_\_\_\_\_

---



---



---

C. Are you now being or have you ever been charged with any crime (excluding minor traffic violations) within the last 10 years of the date of this application that is not otherwise listed above?      Yes      No

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

---



---



---

**SECTION 4**

A. Please provide information concerning your employment history for the past 5 years. Use additional sheet if needed.

Name of Employer	Employer Address	Phone	Position	DATES (MONTH & YEAR)	
				FROM:	TO:

B. List the names and current addresses of 3 employment references including 1 personal reference that was acquainted with you during each period listed in Section 2 and Section 4A:

NAME	ADDRESS	PHONE #

**SECTION 5**

A. Education

SCHOOL NAME (High school/College)	SCHOOL ADDRESS	GRADUATION YEAR

B. List any other degrees and training certificates \_\_\_\_\_

---



---



# Seneca Nation HUMAN RESOURCES

12837 Route 438, Irving, NY 14081 Phone (716) 532-4900 Fax (716) 532-8235  
PO Box 231, Salamanca, NY 14779 Phone (716) 945-1790



## AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

Name: \_\_\_\_\_  
(FIRST) (MI) (LAST)

Physical Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the Seneca Nation of Indians to conduct a background investigation for purposes of my employment/volunteer activities. With this authorization, I agree they will obtain information from individuals, schools, employers, criminal justice agencies, professional associations, and other sources. This may include residence, academic performance, military service, attendance, disciplinary, volunteer service and criminal history information.

I authorize the custodians of such records to release such information to the Seneca Nation of Indians.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of a response to a request for information. I further agree to indemnify and hold harmless any person to who this request is lawfully presented.

The authorization is effective for five years from the date of my signature or upon the termination of my employment or volunteer activities with the Seneca Nation of Indians. Such information will remain confidential. Records provided by criminal justice agencies will not be released without the prior written consent of the originating criminal justice agency.

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

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

**BOTH lines above must be signed and dated. Notary Public or HR representative is acceptable witness.**

I certify that all statements made by me in this 3 page document are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that the purpose of this investigation is to determine my suitability for employment with the Seneca Nation of Indians. I authorize and grant my consent to permit any Law Enforcement Agency and any other person, business or agency deemed necessary, to release all information to the Seneca Nation of Indians.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST) (FIRST) (MI)

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