204 Siginaka Way Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Young Professionals Employment Application

Please fill out this form completely. If you have any questions or need assistance completing this application, contact albert.duncan@sitkatribe- nsn.gov, or call (907) 738-0975. Completed applications can be submitted to the email mentioned above, or at 204 Siginaka Way, Sitka AK 99835.

Position you are applying for:_____

Last Name	First Name	Middle Name	Date of Birth

Street Address	City	State	Zip Code

Mailing Address, if different than your street address

Phone Number	Email address

Are you a U.S. Citizen or otherwise eligible for employment in the U.S.? ☐ Yes ☐ No

Are you a resident of Sitka? ☐ Yes ☐ No

Do you have a valid Alaska driver's license? ☐ Yes ☐ No

Have you ever been employed at STA or the YPEP work site of interest? ☐ Yes ☐ No

If yes, please list the position you worked in and your dates of employment:

Position	Dates

Do you have any relatives that work at your YPEP work site of interest? ☐ Yes ☐ No

If you answered yes to the previous question, please list name and position of your relative working at your YPEP site of interest:_____

Please indicate the dates that you will be available for full time work during weekdays:

_____ _____ _____ _____

Month Day to Month Day

STA Tribal Enrollment Number: _____

Current Education Status In high school Enrolled in post-secondary education

_____ _____

School Name Current grade or year

_____ _____

Degree/certificate (post-secondary students only) Major (post-secondary students only)

_____ _____

Credits earned (post-secondary students only) Anticipated graduation date

What activities do you participate in at school outside of classes?

Please tell us what skills and knowledge you hope to gain through YPEP:

Have you ever worked before? ☐ Yes ☐ No

Please tell us about any work experience, including formal jobs with regular hours and a paycheck, and informal work like babysitting, dog walking, and snow shoveling. If you have had more than one job, please attach a page with additional information.

Last employer:_____ Dates of employment:_____

Supervisor/employer name:_____

May we contact this person about your employment? ☐ Yes ☐ No

Supervisor contact info (email and/or phone #):_____

Description of your responsibilities:

Do you participate in any activities outside of school and employment, such as subsistence hunting/fishing, volunteer work, etc.?

Are you 18 or older? ☐ Yes ☐ No If you checked yes, please fill out the next section.

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Criminal Background Check

Per ordinance, STA is required to ask you to disclose information about any criminal convictions of a crime involving a sexual offense; STA policy prohibits employment of a person who has ever been convicted of a crime involving a sexual offense. Note that a further, supplementary application will be required prior to hire eligibility if you are 18 years or older. Convictions may not automatically disqualify you from employment; however, failure to list convictions will automatically disqualify you.

Do you currently have any criminal charges pending against you? ☐ Yes ☐ No

If yes, please list the charges:

Have you ever been convicted of, or plead no contest to any sexual offense, including, but not limited to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution?

☐ Yes ☐ No

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Consent to Release of Information, Liability, and Reference Information

I affirm under penalty of perjury that the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware that, should investigation at any time disclose misrepresentation, omission, or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with the Sitka Tribe of Alaska.

I hereby authorize STA, within one year of this date, to obtain any information pertaining to my employment, education, and criminal records including, but not limited to, academic achievement, attendance, performance reports, background investigations and disciplinary records. I understand that a criminal history record check is a condition of employment and consent to a criminal history record check. I hereby release STA and any person furnishing information to STA as authorized above from any liability or damage which may result from furnishing the information requested. I agree that if STA finds I have made any misrepresentation or is dissatisfied with the result of any investigation of me, any offer of employment may be withdrawn, or employment may be terminated, without obligation on the part of STA, except for payment to me for services actually rendered.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

Name	Position Applying For
Signature	Date
Parent/Guardian Signature (if under 18)	Date