



Sitka Tribe of Alaska
456 Katlian Street
Sitka, AK 99835

(800) 746-3207
(907) 747-3207
Fax: (907) 747-4915
www.sitkatribes.org

NAA KAHIDI DANCER EMPLOYMENT APPLICATION

This application must be filled out completely. Incomplete applications may not be considered. Job descriptions for each position are available at STA. Date Received: _____

Position Applying For: Naa Kahidi Dancer	Date available for work:
---	--------------------------

Last Name	First Name	Middle Name
Previous or Other Names Used		
Mailing Address		
Street or P.O. Box		
City, State and Zip		
Physical Address		
Street		
City, State and Zip		
Contact Information		
Email address		
Daytime phone number	Evening phone number	Cell phone number
Are you a U.S. citizen or otherwise eligible for employment in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tribal Preference		
Please check if you are:		
<input type="checkbox"/>	STA tribal citizen (ENROLLMENT NUMBER: _____)	
<input type="checkbox"/>	Tribal citizen of another Alaska Native Tribe	
<input type="checkbox"/>	Tribal citizen of any other Indian Tribe	
<input type="checkbox"/>	Non-Indian spouse who supports Indian children (CHILD'S ENROLLMENT NUMBER: _____)	
Documentation is required for tribal preference to be granted. Please attach copy of tribal enrollment card or certificate of enrollment.		



Sitka Tribe of Alaska
456 Katlian Street
Sitka, AK 99835

(800) 746-3207
(907) 747-3207
Fax: (907) 747-4915
www.sitkatribes.org

Criminal Background

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

Applicant 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 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

Naa Kahidi Dancer

Signature (Must be signed in Ink)

Date

If the applicant is under eighteen years of age, the following statement must be completed:

I affirm that I am the **parent/ stepparent** or the **legal guardian** of the above-name minor, and that such minor has my consent to be employed as a Naa Kahidi Dancer for Sitka Tribe of Alaska.

Signature
(legal guardian must attach documentation)

Phone Number

Date