



Sitka Tribe of Alaska  
EMPLOYMENT APPLICATION

This application must be filled out completely. Incomplete applications may not be considered. Job descriptions for each position are available at STA, descriptions for open positions are at [www.sitkatribes.org](http://www.sitkatribes.org). STA: 907-747-3207 Fax: 907-747-4915 Address: 456 Katlian Street, Sitka AK 99835

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

Position applying for:	Date available for work:
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Last Name	First Name	Middle Name
Previous or Other Names Used		
<b>Mailing Address</b>		
Street or P.O. Box		
City State Zip		
<b>Physical Address</b>		
Street		
City State Zip		
<b>Contact Information</b>		
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
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Alaska driver license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed at STA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list the position and dates of employment:	
Do you currently have any relatives working at STA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the name, relationship, and the position (or department):	
<b>Tribal Preference</b>	
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 a copy of tribal enrollment card or certificate of enrollment.	

### References

List three professional references who have known you for at least one year, excluding relatives.

Name	Company and address	Phone and email

### Education

Did you receive your high school diploma?  Yes  No      If not, highest grade completed?

Did you receive your GED?  Yes  No      Date GED received:

Have you received any education since high school?  Yes  No

#### College or University

Name and address	Credits earned	Degree or major	Graduated? List date

#### Business, technical, or vocational school

Name and address	Credits earned	Course of study	Graduated? List date

#### Licenses, Certificates, or Training

Description or Title	Date Received

Please rate your skills in the following as None, Basic, Moderate, or Advanced:

Microsoft Word		Email	
Excel		Powerpoint	
Internet Browser		Access (database)	
Typing		Words per minute:	

### Criminal Background

Under STA 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.

\* 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 so, 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

## Employment History

List all of your work history for the last seven years. To receive full consideration, please be specific listing duties performed and explain any unaccounted for periods of time. Attach additional sheets if necessary.

Current or last employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From:				To:	
				Number of employees supervised	
Description of duties: _____ _____					
Reason for leaving				May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From:				To:	
				Number of employees supervised	
Description of duties: _____ _____					
Reason for leaving				May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From:				To:	
				Number of employees supervised	
Description of duties: _____ _____					
Reason for leaving				May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From:				To:	
				Number of employees supervised	
Description of duties: _____ _____					
Reason for leaving				May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Sitka Tribe of Alaska Employment Application

### 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

\_\_\_\_\_

Position Applying For

\_\_\_\_\_

Signature (Must be signed in Ink)

\_\_\_\_\_

Date