



Sitka Tribe of Alaska

Young Professionals Employment Program Application

This application must be filled out completely. If you have any questions or need assistance with completing this application, contact albert.duncan@sitkatriben.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(s) Applying For:			
Last Name	First Name	Middle Name	Date of Birth
Physical Address			
Street Address	City	State	Zip
Mailing Address			
Street or P.O. Box	City	State	Zip
Contact Information			
Phone Number	Email Address		

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 a Sitka resident?	<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 or the YPEP work site of interest?	<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 your YPEP work site of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a U.S. citizen or otherwise eligible for employment in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please list their name, position, and department:		
Will you be available to work 5 days a week from June 13th to August 5th?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, please share the dates you anticipate not being available to work:		
STA Tribal Enrollment Number:		

Current Education Status	
<input type="checkbox"/> In high school (Grade:_____)	<input type="checkbox"/> In Post Secondary Education (Grade/year:_____)
Current High School: _____	
What skills/knowledge do you hope to gain through YPEP?	

Post Secondary Information (post secondary students only)	
College, University, or Vocational School:	

Degree or major:	Credits Earned:	Anticipated graduation date:
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Criminal Background Check (for applicants 18 years or older)

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 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employment History (if applicable):

Please list all of your employment history and attach additional sheets if necessary. If you have never been employed before, please write "N/A" in the *Last Employer* section.

Last Employer:	Title:
Supervisor Name:	Supervisor Phone & Email:
Dates of Employment:	
Description of Duties:	

May we contact your supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Last Employer:	Title:	
Supervisor Name:	Supervisor Phone & Email:	
Dates of Employment:		
Description of Duties: _____ _____ _____		
May we contact your supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please share activities you participate in that are not related to employment (ex: subsistence fishing, sports, volunteer work, etc.)
Description of Activities: _____ _____ _____ _____ _____

**Sitka Tribe of Alaska YPEP 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 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 (must be signed in ink)

Date

Parent/Guardian Signature (if under 18)

Date