

BRISTOL BAY NATIVE ASSOCIATION

Employment Application

ATT: Human Resources
1500 Kakanak Road
P.O. Box 310
Dillingham, Alaska 99576



Phone: 907 842 5257 In state toll free: 1 800 478 5257 HR Fax: 907 842 6266 www.bbna.com

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: Date of Application:

Referral Source: BBNA's Website ALEXsys (AK. Employment Service) In-house job announcements Employee Relative Friend
 Social Media Walk-in Other Name of source

Name Mailing Address
City State Zip Code

Contact Information

If necessary, best time to call you is: Phone Number Cell

E-mail May we contact you at work? yes no

If yes, phone number And best time to call

If you are under 18 and it is required, can you furnish a work permit? yes no

If no, please explain.

Are you legally eligible for employment in this country? yes no

Have you submitted an application here before? yes no

Positions and dates:

Have you ever been employed here before? yes no If yes, please give date(s) From: To:

Positions and dates:

Type of employment desired:

Full Time Part-Time Temporary Seasonal Internship Desired salary range \$

Will you travel if the job requires it? yes no Will you re-locate if the job requires it? yes no

Are you able to meet the attendance requirements of the position? yes no Will you work overtime if required? yes no

If no, please explain.

Have you ever been bonded? yes no

Date available for work:

Driver's license number if driving is an essential job function: State

Employment History. Provide information about past and current employers, assignments, or volunteer activities. List most recent first and attach sheets if necessary.

Name of Employer:

Name/Title of last supervisor:

Last job title:

Phone #: May we contact for a reference: Yes No Later

Address:

Summarize job duties:

Reason for leaving:

Dates of Employment:
From:
To:

Starting pay rate: \$
Final pay rate: \$

Hourly Annual

Name of Employer:

Name/Title of last supervisor:

Last job title:

Phone #: May we contact for a reference: Yes No Later

Address:

Summarize job duties:

Reason for leaving:

Dates of Employment:
From:
To:

Starting pay rate: \$
Final pay rate: \$

Hourly Annual

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From:
To:

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Phone #: May we contact for a reference: Yes No Later

Address:

Summarize job duties:

Reason for leaving:

Dates of Employment:
From:
To:

Starting pay rate: \$
Final pay rate: \$

Hourly Annual

Comments: Including explanation of any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? yes no

If **yes**, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

Computer Skills. Check appropriate boxes. Include software titles and year of experience.

Type	Software titles & years of experience	Other computer skills
<input type="checkbox"/> Word Processing	<div style="border: 1px solid black; height: 25px;"></div>	
<input type="checkbox"/> Data base & spreadsheets	<div style="border: 1px solid black; height: 25px;"></div>	
<input type="checkbox"/> Presentation	<div style="border: 1px solid black; height: 25px;"></div>	
<input type="checkbox"/> Design	<div style="border: 1px solid black; height: 25px;"></div>	
<input type="checkbox"/> E-Mail	<div style="border: 1px solid black; height: 25px;"></div>	

Educational Background

Starting with most recent school attended, provide the following information.

School	Years Completed	Degree, Diploma, or Certificate	GPA Class Rank	Major	Minor

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? yes no

If, yes please provide date(s) and details . Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

References

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. if not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to you	Telephone #	# of years known

Additional Information

To what job-related organizations (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental / physical disabilities, veteran/reserve national guard or any other similar protected status.

List any special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national, origin, citizenship, age, mental / physical disabilities, veteran/reserve national guard or any other similar protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

yes no not applicable

Is there any other information about you that relates to this job which you want us to know?

To complete your application, you must read, sign, and submit the "Applicant Statement & Waiver / Authorization To Release Information" (next page). The application material may be e-mailed, faxed, or sent by mail to ATT: Personnel Manager, BBNA Human Resources . Please see contact information at top of front page.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Bristol Bay Native Association with any and all information that you have concerning me and my work/employment records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected with Bristol Bay Natives Association's hiring practices, including myself.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Bristol Bay Native Association and retained by them in confidence.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Printed Name

Applicant's Signature

date

Affirmative Action - Voluntary

COMPLETION OF INFORMATION BELOW IS VOLUNTARY.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: Date:

Referral Source:

Employee Relative Government Employment Agency Walk-in Friend

Other-Name of source (if applicable) Name of source

Application Information

Name

Address

City State Zip Code

Phone number Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Multiracial (having parents of different races) This identification group is recognized only in the state of Michigan.

For Administrative Use Only

Position(s) applied for: available not available Other positions considered for

Hired yes no Position hired for: Date of hire:

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)

Professionals Office and Clerical Workers Laborers (unskilled)

Technicians Craft Workers (skilled) Service Workers

Notes

Completed by: Date: