

# Bristol Bay Native Association

## **Employment Application Packet**

### Instructions:

This packet contains three sections. Section 1, the Application for Employment, consists of pages one through four. Section 2 on page 5, the Affirmative Action Voluntary Information is not required to be completed for employment with BBNA. Section 3, on page 7, is required.

Your signature is required on page 5 and 7. Your signature on page 6 is voluntary.

Once your application is complete, deliver it to BBNA's Personnel Department at P.O. Box 310, Dillingham, Alaska 99576 (FAX to 907-842-5932).

If you have any questions, call the Personnel Department at 842-5257 (toll-free 1-800-478-5257).

# Application for Employment

**Bristol Bay Native Assoc.**

1500 Kanakanak Road  
Dillingham, AK 99576

PLEASE PRINT

CURRENT AS OF 9/97

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  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) Mobile/Beeper/Other Phone # ( ) E-mail Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call \_\_\_\_\_ ( ) : \_\_\_\_\_ AM  
PM

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it? \_\_\_\_\_  Yes  No Will you travel if 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

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 THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

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

# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE#	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		HOURLY RATE/SALARY		
		STARTING		
STARTING JOB TITLE / FINAL JOB TITLE		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
REASON FOR LEAVING		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		HOURLY RATE/SALARY		
		STARTING		
STARTING JOB TITLE / FINAL JOB TITLE		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
REASON FOR LEAVING		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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ADDRESS		HOURLY RATE/SALARY		
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STARTING JOB TITLE / FINAL JOB TITLE		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
REASON FOR LEAVING		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		HOURLY RATE/SALARY		
		STARTING		
STARTING JOB TITLE / FINAL JOB TITLE		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
REASON FOR LEAVING		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			

## Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

## 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.

## Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

## 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	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

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 (i) cancel further consideration of this application, or (ii) 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, resumé 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, and the employer reserves the same right to terminate my employment 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 I 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 STATEMENT.**

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

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

CURRENT AS OF 9/97

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 recordkeeping, 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.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- Walk-in                       Government Employment Agency                       Private Employment Agency  
 Employee                       Relative                       School  
 Advertisement – Source \_\_\_\_\_                       Other \_\_\_\_\_

Name of person who referred you IF APPLICABLE \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# Bristol Bay Native Association

## 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.

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Applicant's printed name

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Applicant's Signature

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Date