

# Application For Employment

Bristol Bay Native Association  
1500 Kanakanak Road  
Dillingham, Alaska 99576  
In state toll free: 1-800-478-5257  
907-842 - 5257

Please print

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:

Employee  Relative  Government  Employment Agency  Walk-in Private  Employment Agency  
 Web site  Other - Name of source (if applicable) \_\_\_\_\_ E-mail Address \_\_\_\_\_

## NAME & ADDRESS

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone #: area code \_\_\_\_\_ + \_\_\_\_\_ 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, provide work 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: \_\_\_\_\_

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 re-locate 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 FROM	TO	SUMMARIZE THE TYPE OF WORK
ADDRESS		HOURLY RATE/SALARY		
STARTING JOB TITLE/FINAL JOB TITLE		STARTING		
		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
		FINAL		
REASON FOR LEAVING		\$	\$	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
WHAT DID YOU LIKE MOST ABOUT YOUR POSITION?				
WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THE POSITION?				

EMPLOYER	TELEPHONE #	Dates FROM	TO	SUMMARIZE THE TYPE OF WORK
ADDRESS		HOURLY RATE/SALARY		
STARTING JOB TITLE/FINAL JOB TITLE		STARTING		
		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE/SALARY		
		FINAL		
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REASON FOR LEAVING		\$	\$	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
WHAT DID YOU LIKE MOST ABOUT YOUR POSITION?				
WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THE POSITION?				

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 years of experience)**

<input type="checkbox"/> Word Processing _____ years _____	<input type="checkbox"/> Internet _____ years _____
<input type="checkbox"/> Spreadsheet _____ years _____	<input type="checkbox"/> Other _____ years _____
<input type="checkbox"/> Presentation _____ years _____	<input type="checkbox"/> Other _____ years _____
<input type="checkbox"/> E-mail _____ years _____	<input type="checkbox"/> Other _____ years _____

**Educational Background (if job related)**

Starting with most recent school attended, provide the following information. List number of years completed. Indicate degree, certification, or diploma earned, if any and Grade Point Average or Class Rank, Major field of study and Minor field of study (if applicable).

A. SCHOOL	YEARS COMPLETED	A. DEGREE, DIPLOMA, OR CERTIFICATE	B. 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	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 OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTEDSTATUS.

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 PROTECTEDSTATUS.


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 job related information you want us to know about you?

**TO COMPLETE YOUR APPLICATION, THE FOLLOWING ARE SIGNATURE PAGES WHICH YOU MUST READ, SIGN AND FAX BACK TO 907-842-5932 OR MAIL TO THE ADDRESS ON THE FRONT OF THE APPLICATION FORM.**

**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 (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, 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 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.

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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.

\_\_\_\_\_  
Applicant's 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

- Walk-in  Relative  School  Employee  Government Agency  Private Employment Agency  
 Other - Name of person who referred you if applicable. \_\_\_\_\_

## Applicant information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ 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 / Alaska 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 \_\_\_\_\_