



Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

YOUTH EMPLOYMENT ADDENDUM

Application Deadline – Friday, May 13, 2016

Please select 1 session:

- Session 1: JUNE 6th-JULY 15th**
- Session 2: JULY 16th-AUGUST 31st**
- Session 3: OCTOBER 1st-MAY 31st - **Depending on funding availability.****

Only **complete applications** will be considered contingent upon available funds. Incomplete applications will not be processed. Late applications will be reviewed but may not be accepted.

Thank you for your interest in BBNA's youth Employment Program. **This program is available for youth between the ages of 14-24.** The program is designed to help youth gain valuable work skills that will lead them to additional employment opportunities. We encourage youth to seek job placements in areas of interest to develop skills that will assist them in future job placements.

Youth ages 17 & younger need parent/guardian signatures on forms. Please review these forms with your child(ren) before submitting to BBNA. (Ensure that all forms are completed, signed and dated.) Use the checklists below to help you complete your application. Late or incomplete applications may not be eligible for work.

YOUTH APPLICATION REQUIREMENTS: (incomplete applications will delay employment)

- Complete BBNA WFD Application (5 pages)
- Complete BBNA Employment Application (6 pages)
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID
- Copy of Social Security Card
- Household Income (Copy of Recent Paystubs or Previous Years Tax Return)

REQUIRED FORMS: (prior to actual employment)

- W-4 Form (*use your PO Box # for the home address*)
- W-9 Form (*if you are unable to provide a Social Security Card for the youth applicant*)
- I-9 Form (*Complete Section 1 ONLY*)
- Signed BBNA Confidentiality Agreement
- Signed BBNA Drug Free Workplace Agreement
- Signed BBNA Photo Release
- Complete Work Permit (17 years old and younger)

Mail COMPLETE Applications to
BBNA WFD Youth Employment Program
PO Box 310
Dillingham, Alaska 99576

OR

Fax COMPLETE Applications to:
(907) 842-3498



WFD APPLICATION

NAME: _____
 (First) (Middle) (Last) (Also known as / Maiden Name)

SOCIAL SECURITY # _____ **DATE OF BIRTH:** ____/____/____ **GENDER:** Male Female

MAILING ADDRESS: _____
 (P.O. Box #) (City) (State) (Zip Code)

PHYSICAL ADDRESS: _____
 (Street Address) (City) (State) (Zip Code)

HOME # () - _____ **WORK #:** () - _____ **CELL #:** () - _____

EMAIL ADDRESS: _____

TRIBAL ENROLLMENT: (Please circle one or indicate "Other" and provide a Copy of Tribal Card)

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake	Clarks Point	Dillingham
Egegik	Ekuk	Ekwok	Igiugig	Iliamna	Ivanof Bay
Kanatak	King Salmon	Kokhanok	Levelock	Manokotak	Naknek
New Stuyahok	Newhalen	Nondalton	Pedro Bay	Perryville	Pilot Point
Port Heiden	Portage Creek	South Naknek	Togiak	Twin Hills	Ugashik

Other: _____

ETHNICITY: Alaska Native American Indian Asian African American Hispanic or Latino
 Native Hawaiian Pacific Islander Caucasian Other: _____

FAMILY / LIVING SITUATION: (Please check ALL that apply)

MARITAL STATUS: Single Living as a Couple Married Separated Divorced Widowed

FAMILY STATUS: Single Individual One Parent Family Two Parent Family Teen Parent Pregnant

LIVING SITUATION: Own Home Rent Home Rent Room Multi-family Home Overcrowded Living Situation
 Homeless-Describe: _____ Other-Describe: _____

EDUCATIONAL STATUS: High School Diploma – Year: _____ GED – Year: _____
 HS Dropout/No GED: Highest Grade Completed: _____ Some College/No Degree
 College Graduate – Type of Degree: AA/AAS BA/BS MA/MS Vocational Graduate: _____

UNITED STATES CITIZEN? Yes No – Work Permit # _____

SELECTIVE SERVICE REGISTERED: Yes No **VETERAN:** No Yes - Date of Discharge: ____/____/____

EMPLOYMENT HISTORY: (Last or Present) Number of Jobs in the last year: _____

Employer: _____ Job Title: _____
 Supervisor Name: _____ Phone #: _____

Brief Descript of Job Duties: _____

Salary: Starting Hourly Wage: \$ _____ Ending Hourly Wage: \$ _____
 Seasonal Wage: \$ _____ Annual Wage: \$ _____

Dates Worked: From: (Month/Year) _____ To: (Month/Year) _____

Reason for Leaving: _____

EMPLOYMENT SKILLS: (Please check ALL that apply)

- Alaska Driver's License Commercial Driver's License Heavy Equipment Operator Hazwoper Certification
 - CPR/First Aid Certified Asbestos Certification Electrician Carpenter Mechanic Plumber
 - Welder Laborer Flagger Certified Fisherman - Permit Holder: Yes No - Set-Net or Drift
 - Subsistence Provider Other Self Employment Traditional Craftsman: Carving/Beading/Sewing
 - BBNA Child Care Provider State Licensed Child Care Provider
 - Multi-line Phone System Fax Machine Copy Machine 10-Key Calculator Typing – WPM: _____
 - Computer Skills: Word Processing Excel PowerPoint Publisher Outlook Web Design CAD
- Other Software: _____
- Additional Skills: _____

CURRENT EMPLOYMENT STATUS: (Please check ALL that apply)

- Full-time Employed Part-time Employed Seasonal Employed-In Season Seasonal Employed– Not in Season
- Hold Multiple Jobs Unemployed Collecting Unemployment – 15+ weeks: Yes No
- Dislocated Worker Migrant Worker Not in the Labor Force
- On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)
 - Receiving Received within last 6 months Long-term TANF/GA Recipient

EMPLOYMENT BARRIERS: (Please check ALL that apply)

- Currently Employed- Low Income Lack of Child Care Lacks Significant Work History Lack of work in Village
- Living in a Rural Area Homemaker Limited English Proficiency- Require translator- Yes No
- Substance/Alcohol Abuse Never had Driver's License License Revoked/Suspended No Transportation
- Documented Disability No Yes-Describe: _____
- In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date: _____ / _____ / _____
- In Correctional Facilities – Release Date: _____ / _____ / _____ Open Court Case/s - Yes No
- Offender – Probation ends: _____ / _____ / _____ Felony Misdemeanor
- On Third Party Custody – Release Date: _____ / _____ / _____
- None of the above

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?** Yes No

EMPLOYMENT GOALS: (Please check one)

- Obtain a Job Retain Current Job Advance in Current Job
- Obtain Alaska Driver's License/Commercial Driver's License (CDL)
- Earn High School Diploma Obtain GED Earn College Degree Earn Vocational Certificate Educational Gain
- Receive Child Care Assistance Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

PRIORITIZED GOALS:

- Employment Goal** _____ Anticipated Completion Date: _____ / _____ / _____
- Training Goal** _____
(Name of School) (Name of Program)
Anticipated Start Date: _____ / _____ / _____ Anticipated Completion Date: _____ / _____ / _____
- Education Goal** _____
(Name of School) (Type of Degree) (Major)
Anticipated Start Date: _____ / _____ / _____ Anticipated Completion Date: _____ / _____ / _____
- Other Goal-** Describe: _____ Anticipated Completion Date: _____ / _____ / _____

HOUSEHOLD MEMBERS: (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

Types of Income: (Please use code in Type of Income column)

- | | | |
|---|---------------------------------------|---|
| WA – Wages | TT – Tribal TANF | FC – Foster Care Payments |
| SEA – Seasonal Work / Fishing | WC – Workers Compensation | BIA – BIA General Assistance |
| SE – Self Employment | BP – Bingo / Pull-tab Winnings | SL – Student Loans / Grants |
| DI – Dividends | UI – Unemployment Benefits | IN – Interest |
| SSI – Supplemental Security Income | TI – Tips and Gratuity | CS – Child Support & Alimony |
| SSA – Social Security | RI – Rental Income | APA – Adult Public Assistance |
| PFD – Permanent Fund Dividend | VB – Veterans Benefits | PE – Pension (Other than VB) |
| GR – General Relief | FLS – Family Support (Explain) | CO – Cash out Retirement / Pension |
| OT – Other (Explain) | | |

Household Income: (Please list ALL household members' income; provide copies of all household income)

Household Member Name	Type of Income Code	Weekly Bi-weekly Semi-Monthly Monthly Annually Seasonal	Gross Income Amount	Form of Proof	Last day received or worked

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA. I have read, and understand my rights and responsibilities.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL.

I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.

Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.

Information requested can be sent to: **Bristol Bay Native Association
Workforce Development Center
P.O. Box 310
Dillingham, AK 99576**

Fax: 907-842-3498 or 1-888-285-3498

This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____



RIGHTS AND RESPONSIBILITIES

Rights:

- *I shall be treated with respect.*
- *I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."*
- *I understand that all information collected by BBNA WFD will remain confidential within BBNA.*
- *I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services.*
- *I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.*
- *I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.*
- *I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.*

Responsibilities:

- *I will treat BBNA staff with respect.*
- *I will report changes in my households within 10 working days a change occurs.*
- *I will report if a child leaves the home within 5 days.*
- *I will report if someone moves into my home.*
- *I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.*
- *I will report money received from other sources other than working changes by more than \$50.*
- *I will report if I move or change a mailing address.*
- *I will report change of schools or training locations.*
- *I will report withdrawing from a higher education or training program.*
- *I will report a change in type of degree or training program attending.*
- *I understand that federal law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or voices up by any trick, scheme or devise a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.*
- *I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.*
- *I understand that a home visit may be required for program services.*

What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____

Employment Application

Bristol Bay Native Association

1500 Kanakanak Road

P.O. Box 310

Dillingham, Alaska 99576

Phone: 907-842-5257 In state toll free: 1-800-478-5257

Fax: 907-842-5932 www.bbna.com

Please print application and sign.

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 Friend

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

Applicant Name & Address

Name

PO Box/Mailing Address

City

State

Zip Code

Phone Number

Cell/Other Phone Number

Email

If necessary, best time to call you 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, please give date(s) and position(s)

Have you ever been employed here before? yes no

If yes, please give date(s)

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 the job requires it? yes no Will you travel 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

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

State

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.

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 the comments section below.

Name of Employer:		Dates of Employment:
Name of last supervisor:		From:
Phone #:	May we contact for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no	To:
Address:		Hourly/Salary: Starting Hourly/Salary: Final
Last job title:		\$ \$
Reason for leaving:		Per Per
Summarize job duties:		

Name of Employer:		Dates of Employment:
Name of last supervisor:		From:
Phone #:	May we contact for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no	To:
Address:		Hourly/Salary: Starting Hourly/Salary: Final
Last job title:		\$ \$
Reason for leaving:		Per Per
Summarize job duties:		

Name of Employer:		Dates of Employment:
Name of last supervisor:		From:
Phone #:	May we contact for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no	To:
Address:		Hourly/Salary: Starting Hourly/Salary: Final
Last job title:		\$ \$
Reason for leaving:		Per Per
Summarize job duties:		

Name of Employer:		Dates of Employment:
Name of last supervisor:		From:
Phone #:	May we contact for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no	To:
Address:		Hourly/Salary: Starting Hourly/Salary: Final
Last job title:		\$ \$
Reason for leaving:		Per Per
Summarize job duties:		

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).

<input type="checkbox"/> Word Processing Software titles & years	<input type="text"/>	<input type="checkbox"/> Internet Software titles & years	<input type="text"/>
<input type="checkbox"/> Spreadsheet Software titles & years	<input type="text"/>	<input type="checkbox"/> Other Software titles & years	<input type="text"/>
<input type="checkbox"/> Presentation Software titles & years	<input type="text"/>	<input type="checkbox"/> Other Software titles & years	<input type="text"/>
<input type="checkbox"/> E-mail Software titles & years	<input type="text"/>	<input type="checkbox"/> Other Software titles & years	<input type="text"/>

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).

School	Years Completed	Degree, Diploma, or Certificate	GPA Class Rank	Major	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 similar protected status.

Organization	Offices Held

List any 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 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 job related information you want us to know about you?

To complete your application, the following attached pages 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:

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

Telephone 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:

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2016</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



**Bristol Bay Native Association
Confidentiality Agreement**

As an employee of the Bristol Bay Native Association, I understand that I have been entrusted with responsibility for protecting the confidentiality, privacy, and security of information that is created, obtained, or retained by BBNA. This includes sensitive financial, client identifiable, and employee identifiable information, as well as work-product belonging to BBNA. I understand that all this information from any source or in any form,(e.g., paper, magnetic or optical media, conversations, film, etc.) shall be treated in accordance with this agreement, applicable law, and the policies and procedures of BBNA.

I agree to the following:

I will not obtain or discuss information regarding clients or personnel matters of BBNA for any purpose other than for a purpose relevant to my responsibilities at BBNA.

I will maintain my work area so that confidential information is not accessible to those with no reason to access the information. When I leave my workstation, I shall verify that my work area is left secure so confidential information is not accessible.

I understand that electronic mail should not be considered private communications and that information of a sensitive or confidential nature should not be transmitted via e-mail.

I further understand that BBNA is not able to guarantee privacy of my own personal information stored within the Association's computers or office environment.

I agree to comply with BBNA's policy on confidentiality as found in the BBNA's Personnel Policies and Procedures during and after employment.

Print name: _____

Signature: _____

Date: _____

BRISTOL BAY NATIVE ASSOCIATION

DRUG FREE WORKPLACE POLICY

AS REQUIRED UNDER THE DRUG – FREE WORKPLACE ACT, BBNA PROHIBITS THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSING, POSSESSION OR USE OF A CONTROLLED SUBSTANCE IN ANY OF BBNA’S WORKPLACES.

FURTHER, BBNA PROHIBITS POSSESSION OF OR USE OF ALCOHOLIC BEVERAGES IN ANY OF BBNA'S WORKPLACES.

ANY EMPLOYEE WHO VIOLATES THIS POLICY IS SUBJECT TO DISCIPLINARY ACTION UP TO OR INCLUDING TERMINATION.

FOR INFORMATION ABOUT BBNA’S EMPLOYEE ASSISTANCE PROGRAM PLEASE REFER TO YOUR PERSONNEL POLICY MANUAL SECTION V; D.

AS A CONDITION OF EMPLOYMENT THE EMPLOYEE WILL:

1. ABIDE BY THE TERMS OF THIS STATEMENT; AND
2. NOTIFY BBNA IN WRITING OF ANY CRIMINAL DRUG STATUTE CONVICTION FOR A VIOLATION OCCURRING IN BBNA WORKPLACE NO LATER THAN FIVE CALENDAR DAYS AFTER SUCH CONVICTION.

Sign:

Date:

BRISTOL BAY NATIVE ASSOCIATION

**P.O. BOX 310
DILLINGHAM, ALASKA 99576
PHONE (907) 842-5257**

Workforce Development Center

Youth Employment Program

PHOTO CONSENT FORM

- Aleknagik*
- Chignik Bay*
- Chignik Lagoon*
- Chignik Lake*
- Clarks Point*
- Curyung*
- Egegik*
- Ekuk*
- Ekwok*
- Igiugig*
- Iliamna*
- Ivanof Bay*
- Kanatak*
- King Salmon*
- Kokhanok*
- Koliganek*
- Levelock*
- Manokotak*
- Naknek*
- New Stuyahok*
- Newhalen*
- Nondalton*
- Pedro Bay*
- Perryville*
- Pilot Point*
- Port Heiden*
- Portage Creek*
- South Naknek*
- Togiak*
- Twin Hills*
- Ugashik*

Date: _____

I (print name) _____ hereby grant BBNA the right to photograph me, and the irrevocable and unrestricted right to use and publish such photographs of me, or in which I may be included, for any lawful purpose, in any manner and medium; to alter the photographs without restriction; and to copyright the same. I hereby release the photographer and BBNA from all claims and liability relating to said photographs.

I (print name) _____ hereby consent, without further consideration or compensation, to the use (full or in part) of all photographs, digital photos or any videotaping made of me during Workforce Development training events and/or activities, by BBNA or the employer I will be working with. For the purposes of internet web productions to the web site www.bbna.com or any monthly reports, newsletter, annual reports. Further, I release BBNA or any employment and/or training agency and their members from any liability which may arise from the use of those materials.

I (print name) _____ DO NOT want photos of myself or my family published to www.bbna.com or any of the following described above.

This **release** will remain in full force and effect until withdrawn in writing by myself or legal guardian.

PARENT SIGNATURE (if under 18 years old)

DATE

Signature

DATE

COMMUNITY

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT



<input type="checkbox"/> INDIVIDUAL WORK PERMIT APPROVED <input type="checkbox"/> APPROVED AS AMENDED: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>
<input type="checkbox"/> DENIED By: _____ Date: _____

<input type="checkbox"/> GENERAL DUTIES WORK PERMIT APPROVED FOR: <input type="checkbox"/> 16 & 17 YEAR OLD MINORS; OR <input type="checkbox"/> 14 - 17 YEAR OLD MINORS By: _____ Date: _____
--

INDIVIDUAL WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Parent or guardian completes and signs *Section B*.
3. Employer verifies minor's age, agrees to keep a copy of the proof of age on file at the employer's premises and submits work permit.
4. When the approved work permit is returned, the minor may begin work.

GENERAL DUTIES WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Employer submits work permit to Wage and Hour office.
3. The approved duties are returned to the employer.
4. Employer obtains the signature of the minor's parent or guardian in *Section B*, verifies minor's age and agrees to keep a copy of the proof of age on file at the employer's premises. The minor may then begin work.
5. Employer must return a copy of the work permit signed by the parent or legal guardian **within seven (7) calendar days** of minor beginning to work.

Section (A) to be completed by EMPLOYER

Name of Employer:		Employer Fax Number:	
DBA/		Employer Phone Number:	
Employer Local Mailing Address:		City:	Zip:
Location of Employment (Physical Address):		City:	Zip:
Duties to be performed by minor:		Tools, Equipment or Machinery to be used by minor:	
		Hourly Rate:	Pay Periods:
Will the minor be working at an establishment that serves alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO			RDP number:
If yes, is there a valid Restaurant Designation Permit (RDP) filed with the Alcoholic Beverage Control Board? <input type="checkbox"/> YES <input type="checkbox"/> NO			

✓ SEE REVERSE SIDE - FEDERAL LIMITATIONS MAY BE MORE STRICT.

HOURS OF WORK FOR YOUTHS AGES 14 AND 15 YEARS WILL BE RESTRICTED AS INDICATED BELOW:

When school is in session, hours will be limited to a combined total of nine hours of school attendance plus employment in any one day; work will be performed only between the hours of 5 a.m. and 9 p.m. Total hours worked in one week will be limited to 23 hours.

During school vacations, work hours will be limited to a maximum of 8 hours per day and a maximum of 40 hours per week; work will be performed only between the hours of 5 a.m. and 9 p.m.

Alaska law (AS 23.10.350 (c)) states that a minor under 18 years of age:

- (i) May not be employed or allowed to work more than six days a week;
- (ii) Who works for five (5) consecutive hours without a documented, 30 consecutive minute break is to have a documented break of at least 30 consecutive minutes before continuing to work.

I affirm and agree that such working conditions will be maintained and that all changes shall have the prior approval of the Commissioner of Labor and Workforce Development. I also affirm that I have verified and will keep on file valid proof of age of this minor employee at the employment premises.

Printed Name of Employer or Agent Acting for Employer _____ Signature _____ Date _____

Section (B) to be completed by PARENT or GUARDIAN prior to employment of minor

Name of Minor (Print):	Address:	Date of Birth:
------------------------	----------	----------------

I affirm that I am the **parent/stepparent** or the **legal guardian** of the above-named minor and that such minor has my consent to be employed in any occupation authorized by the Alaska child labor laws, Alaska Statutes 23.10.325-370.

Signature (Legal guardian must attach documentation) _____ Telephone Number _____ Date _____

NOTICE: All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 09.25.110-220 or be provided to other State agencies (see AS 44.99.310).

Labor Standards and Safety Division
Alaska Department of Labor and
Workforce Development
1111 West Eighth Street, Suite 302
Juneau, Alaska 99802-1149
Phone: 465-4842
FAX: 465-3584

Labor Standards and Safety Division
Alaska Department of Labor and
Workforce Development
1251 Muldoon Road, Suite 113
Anchorage, Alaska 99504
Phone: 269-4909
FAX: 269-4915

Labor Standards and Safety Division
Alaska Department of Labor and
Workforce Development
675 7th Avenue, Station J-1
Fairbanks, AK 99701
Phone: 451-2886
FAX: 451-2885

EMPLOYERS PLEASE NOTE:

OCCUPATIONS PROHIBITED TO ALL MINORS UNDER 18:

1. Occupations in manufacturing, handling, or use of explosives.
2. Occupations of motor vehicle driver or helper (limited exceptions.)
3. Mining operations including coal.
4. Logging or occupations in the operations of any sawmill, lath mill, shingle mill or cooperage.
5. Operations of power-driven woodworking machines.
6. Occupations with exposure to radioactive substances and to ionizing radiation.
7. Occupations involving exposure to bloodborne pathogens.
8. Operation of elevators or other power-driven hoisting apparatus.
9. Operation of power-driven metal forming, punching, and shearing machines.
10. Occupations involving slaughtering, meatpacking or processing, or rendering.
11. Occupations involved in the operation and cleaning of power-driven bakery machines.
12. Occupations involved in the operation of power-driven paper products machines.
13. Occupations involved in the manufacture of brick, tile, and kindred products.
14. Occupations involved in the operation and cleaning of circular saws, band saws and guillotine shears.
15. Occupations involved in wrecking, demolition, and shipbreaking operations.
16. Occupations involved in roofing operations.
17. Occupations involved with excavation operations.
18. Electrical work with voltages exceeding 220, or outside erection or repair, and meter-testing, including telegraph and telephone lines.
19. Occupations involved in canvassing, peddling, door-to-door solicitation, or sales.

IF UNDER 16 THESE ADDITIONAL OCCUPATIONS ARE ALSO PROHIBITED:

1. Occupations in manufacturing, mining, or processing, including work rooms or places where goods are manufactured, mined, or otherwise processed.
2. Occupations involved in operation of hoisting or power-driven machinery other than office machines.
3. Operation of motor vehicle or service as helper on motor vehicle.
4. Public messenger service.
5. Occupations in or about canneries, seafood plants, including cutting, slicing, or butchering, or the operation of any floating plant and including loading or unloading.
6. Work performed in or about boilers, engine rooms, or retorts.
7. Work involved with maintenance or repair of the establishment's machines or equipment.
8. Occupations that involve working from window sills, ladders, scaffolds, or their substitutes.
9. Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repair of power-driven food slicers, grinders, choppers, cutters, and bakery-type mixers.
10. Work in freezers, meat coolers, or preparation of meat for sale.
11. Loading or unloading to and from trucks, railroad cars, or meat conveyors.
12. Occupations in warehouses except office and clerical work.
13. Occupations involving use of sharpened tools.
14. Occupations in transportation of persons or property, warehousing and storage, construction (including demolition and repair) except office or sales work in connection with these occupations.

The federal prohibition on the hours 14 and 15 year old minors may be allowed to work is stricter than Alaskan law. Due to this conflict, an employer of 14 or 15 year old minors may find that they are in compliance with State law, but in violation of federal law. For example:

Federal Law

Children 14 and 15 years old may only work:

1. outside school hours.
2. No more than 40 hours in any one week when school is not in session.
3. Not more than 18 hours in any week when school is in session.
4. Not more than 8 hours in any one day when school is not in session.
5. Not more than 3 hours in any one day when school is in session.
6. Between 7 a.m. and 7 p.m. in any one day except during the summer (June 1 through Labor Day), when the evening hours will be 9 p.m.

State Law

Children 14 and 15 years old may work:

1. A total of 9 hours of school and work combined in one day.
2. Only between the hours of 5 a.m. to 9 p.m.
3. No more than 23 hours per week outside of school hours (domestic work and babysitting excepted).
4. No more than 6 days per week.

There are certain exceptions to the federal law, for example, children in work-study programs through their schools are exempt from some or all of the hour restrictions. For further information on the federal law, contact the United States Department of Labor, Wage and Hour Division, Telephone: 1-866-487-9243. Or in Anchorage: (907) 271-2867

TITLE 4 ALCOHOLIC BEVERAGES -- ALASKA STATUTES

AS 04.16.049. Access of persons under the age of 21 to licensed premises:

(a) A person under the age of 21 years may not knowingly enter or remain in premises licensed under this title unless:

- (1) accompanied by a parent, guardian or spouse who has attained the age of 21 years;
- (2) the person is at least 16 years of age, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining; or
- (3) the person is under the age of 16 years, is accompanied by a person over the age of 21 years, the parent or guardian of the underaged person consents, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining.

(c) Notwithstanding any other provision in this section, a person between 16 or 17 years of age may enter and remain within the licensed premises of a hotel, restaurant, or eating place in the course of employment if

- (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages;
- (2) the person has the written consent of a parent or guardian; and

(3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development. The board, with the approval of the governing body having jurisdiction and at the licensee's request, shall designate which premises are hotels, restaurants, or eating places for the purposes of this subsection.

(d) Notwithstanding any other provision in this section, a person 18, 19, or 20 years of age may be employed within the licensed premises of a hotel, restaurant, or eating place, may enter and remain within those premises for the purpose of employment, but may not in the course of employment, sell, serve, deliver, or dispense alcoholic beverages.

TOBACCO & PULL-TABS

AS 11.76.106 restricts access to areas where tobacco and tobacco products are sold. Minors under 19 years may not sell tobacco or tobacco products in the course of their employment. 15 AAC 160.480(b) prohibits the sale of pull-tabs by anyone under the age of 21.