

Bristol Bay Economic Development Corporation

P.O. Box 1464 • Dillingham, Alaska 99576 • (907) 842-4370 • Fax (907) 842-4336 • 1-800-478-4370



BBEDC Internship Program

ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts internship applications from CDQ residents who meet all eligibility requirements. The requirements of eligibility are:

- Provide proof of residency in one of the following communities:

Aleknagik	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	King Salmon	Levelock
Manokotak	Naknek	Pilot Point	Port Heiden
Portage Creek	South Naknek	Togiak	Twin Hills
Ugashik			

- Non-CDQ resident, but a Bristol Bay resident of the following village _____
Please provide proof of residency of your non-CDQ village.

- Complete BBEDC Internship Application

- Provide a copy of your high school diploma or GED or a copy of your most recent educational or vocational transcripts

- Provide proof of age, 18 years or older

- Provide 2 letters of recommendation
 1. Professional (school or work related)
 2. Personal

- Submit an essay or letter of request that includes:
 - (1) Your training and employment goals
 - (2) How this internship relates to your goals
 - (3) What you expect to gain from this internship
 - (4) Your plans after completion of this internship

- Release of information form

BBEDC INERNSHIP APPLICATION

Please Print

Internship position you are applying for: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____

Are you a U.S. citizen? ___Yes ___No If No, Work Permit Number? _____

Educational History

<i>School Name</i>	<i>City/State</i>	<i>Field of Study</i>	<i>Dates Attended</i>		<i>Degree</i>	<i>Graduation Date</i>
			<i>From</i>	<i>To</i>		
<i>High School</i>						
<i>Technical/Trade</i>						
<i>College</i>						
<i>Other Education or Training</i>						

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap)

Memberships: _____

Current Certificates and/or licenses: _____

Principal Hobbies: _____

Special Skills (To be completed by applicant for office/clerical work)

Typing	Office Machines & Computers Experience	Years
<input type="checkbox"/> YES <input type="checkbox"/> NO WPM <input type="text"/>		
Dictation		
<input type="checkbox"/> YES <input type="checkbox"/> NO WPM <input type="text"/>		
Computer Skills		
<input type="checkbox"/> Hardware <input type="checkbox"/> Software		
Please list other skills and/or equipment/language experience you have acquired:		

Employment History

Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:

Professional Work References

Please provide three references of people we can call regarding your past work or school successes.

<i>Name</i>	<i>Title/Relationship</i>	<i>Address</i>	<i>Phone Number</i>	<i>Occupation</i>

Additional Comments: _____

Applicant Signature _____
Date

By signing this application I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicants request for programs by BBEDC.



BBEDC CDQ Community VERIFICATION OF RESIDENCY

It is a requirement of the Bristol Bay Economic Development Corporation that individuals applying for services from BBEDC be a resident of one of the 17 CDQ communities that BBEDC represents. **An authorized representative of the village tribal council or the city government must complete this Verification of Residency.**

Bristol Bay CDQ communities: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.

Definition of a CDQ community resident: *A person who has resided (lived) in the community for a period of 12 consecutive months or more immediately prior to application and continues to live in that community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.*

I verify that _____

(Name)

is

is not

a resident of _____, and

has been

has not been

residing in this CDQ community for the past twelve months.

Signed by: _____ Date: _____

Organization: _____ Date: _____

Thank you for your assistance. If you have questions, please call BBEDC at 1-800-478-4370

AFFIDAVIT OF RESIDENCY

Name: _____

(please print)

Address: _____ City/State: _____ Zip: _____

Social Security #: _____ Phone: _____ Fax: _____

How long at this address: _____ Date: _____

Residency Requirements

The Bristol Bay Economic Development Corporation, by state regulations, requires that any one seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities.

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you **must** provide the following documentation:

- A verification of residency form from either the city council or village council. (See attached form) In addition, you **must** provide a photo ID and at least one of the following documents:
 - A copy of your Permanent Fund Dividend Check stub that shows your address.
 - A copy of your ID or Alaska State Drivers License with your address.
 - Copies of current utility bill receipts in your name from your residence.
 - A copy of your most recent pay check stub that shows your address.
 - A copy of your recent AFDC or food stamp benefit receipts.
 - Voters registration card

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes; military service; or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying attendance during the previous year, if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.

A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

SIGNATURE: _____ DATE: _____

Bristol Bay Economic Development Corporation

P.O. Box 1464 • Dillingham, Alaska 99576 • (907) 842-4370 • Fax (907) 842-4336 • 1-800-478-4370



Authorization For Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational agencies' records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

This information is to be used for the verification of the eligibility of _____

This authority shall continue in effect until this student is no longer enrolled in BBEDC's Employment or Training Program.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, How long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Employment & Training program.

Signature: _____ Date: _____

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

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

I hereby release you, and your organization from any liability of damages that may result from furnishing the information requested.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____