



**BBEDC**

Bristol Bay Economic Development Corporation  
 Box 1464  
 Dillingham, Alaska 99576  
 Phone 842-4370 or 1-800-478-4370 Fax 842-4336

*Position* \_\_\_\_\_

***BBEDC Youth Internship Application***

Last Name:	First Name:	MI:	Date of Application
Address:	City	State	Zip Code
Birth date:	Phone Number:		Email Address:

***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:

***Educational History***

<i>School Name</i>	<i>City/State</i>	<i>Dates Attended</i>		<i>Graduation Date</i>
		<i>From</i>	<i>To</i>	
<i>High School</i>				

***Outside Activities***

*School Activities / Awards:* \_\_\_\_\_

*Current Certificates and/or licenses (i.e drivers license, CPR card, etc.):*

*Past or Present Civic or Cultural Activities – Include offices held:*

*Principal Hobbies:* \_\_\_\_\_

*Please list other skills and/or equipment/language experience you have acquired:*

***References (other than family members)***

<i>Name</i>	<i>How do you know this person:</i>	<i>Phone Number</i>	<i>Occupation</i>

*Date Available:* \_\_\_\_\_

**Letter of Interest:**

Please include a letter of interest that is at least 250 words. Your letter of interest should give us some background information about you, what your interest are, and why you should be selected for this internship.

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*An Equal Opportunity Employer: We are an equal opportunity employer, and we do not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purposes.*

*I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.*

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*Signature*

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*Date*

# BBEDC Affidavit of Residency Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ How long at this address: \_\_\_\_\_

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC is a resident of one of the 17 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 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 consecutive days per year are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return.

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

- **A copy of your government issued photo ID (example: AK drivers license/ID, military or tribal ID) and at least one of the following documents:**
  - **A copy of your Permanent Fund Dividend check stub that shows your current address.**
  - **Copies of current utility bill receipts in your name for your residence.**
  - **A copy of your most recent pay checks stub or W-2 that shows your address.**
  - **A copy of your recent AFDC or food stamp benefit receipts that shows your address.**
  - **A copy of your current commercial/sport fishing or hunting license that shows your address.**

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: **post-secondary educational purposes; military service; participation in BBEDC employment & training programs 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 full-time 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 of verification of program participation from BBEDC employment & training staff.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This form must signed by an authorized representative of the village tribal council or the city government.**

I verify that \_\_\_\_\_ is a resident of \_\_\_\_\_, and  
(Name)

Has been  has not been (Reason : \_\_\_\_\_)

Residing in this CDQ community for the **past twelve months.**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Thank you for your assistance. If you have questions, please call BBEDC at 842-4370 or 1-800-478-4370.