# 2018 BBEDC Seasonal Employment Opportunities Program

#### **APPLICATION CHECKLIST: (please check off)**

Pre-Employment Drug test if required

☐ Background check if required

BBEDC accepts Seasonal Employment Opportunities Program applications from CDQ residents who meet all eligibility requirements. The requirements of eligibility are: Complete BBEDC Seasonal Employment Opportunities Application Provide a copy of Alaska state ID or driver's license BBEDC Residency Form (located on homepage under Quick Links (www.bbedc.com) and a copy of one of the following: □ 2017 Alaska Permanent Fund Dividend records (https://pfd.alaska.gov) □ Current rent receipt, electric/fuel bill or other proof of maintaining a home in a BBEDC CDQ community ☐ Most recent employment or unemployment records (ex. W-2, check stub, statement) □ Recent TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter □ Current ADF&G commercial/sport fishing or hunting license (limited entry permit card will not be accepted) Provide two letters of recommendation 1. Professional (school or work related) 2. Personal ■ Submit letter of interest that includes: (1) Your training and employment goals (2) How this position relates to your goals (3) What you expect to gain from this position (4) Your plans after completion of this position Release of Information Form Relationship Disclosure Form (located on homepage under Quick Links (www.bbedc.com)

Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.

# **2018 BBEDC Seasonal Employment Opportunities Application**

Position you are applying fo	on you are applying for:Company				
Full Name as it appears on	ID/AKDL:	Date:			
Address:					
City:	Sta	ate:	Zip:		
Home Phone:	Business/Message Phone:				
Email Address:	Date of Birth: AK ID/ADL #				
Educational History					
chool Name	City/State	Field of Study	Dates Attended From To	Degree	Graduation Date
ligh School					
echnical/Trade					
ollege					
other Education or Training					
Outside Activities (Exclude those indicating ra	, , ,	, sex, national origit	, ,	up)	
Current certificates and/or la	icenses:				
Hobbies:					

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

Typing	Office Machines & Computers Experience	Years
$\bigcup_{YES} \bigcup_{NO} WPM$		
Computer Skills		
Hardware Software		
Please list other skills and/or equipment/li	anguage 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:		Reason for Leaving:
Past 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:
Past 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.

Name	Title/Relationship	Address	Phone Number	Occupation
<b>55</b> 71		*4		
Why did you apply for thi	is program and how will	it assist you?		
Additional Comments:				
			<del>-</del>	
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 applicant's request for programs by BBEDC.

#### **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 EDUCATION, EMPLOYMENT & TRAINING PROGRAMS PO BOX 1464 DILLINGHAM, ALASKA 99576

This information is to be used for the verific	ation of the eligibility of
This authority shall continue in effect until the Employment and Training Program.	his applicant is no longer enrolled in BBEDC's Education,
Signature:	Date:
Social Security Number:	Date of Birth:
long it was, and village of residency to furthe and training opportunities. I authorize the sa	g organization to publicize my name, institution, type of training, how er encourage people of the Bristol Bay region to seek higher education me organization to provide my name for employment purposes. This no longer in the Education, Employment & Training Program.
Signature:	Date:
you have concerning my work/employment to be included. Your reply will be used to assist seeking. I further understand that the information Bristol Bay Economic Development Corporal understand my rights under Title 5, United	States Code, Section 552a, and the Privacy Act of 1974. I hereby at the information furnished will be used by the Bristol Bay Economic
I hereby release you, and your organization the information requested.	from any liability of damages that may result from furnishing
Applicant's Printed Name:	
Annlicant's Signature	Date