



BBEDC

Bristol Bay Economic Development Corporation
 P.O. Box 1464
 Dillingham, Alaska 99576
 Phone: (907) 842-4370 or 1-800-478-4370
 Fax: (907) 842-4336 or 1-888-325-4336

2019 Bering Sea Employment Application

Name: _____
Last First MI Date

Address: _____
Box/Street City State Zip

Telephone: _____
Home Message

Email Address: _____

Are you legally eligible to work in the United States? Yes No

Are you 18 years old or older? Yes No

Are you able and willing to work on a vessel 2-3 months at a time, 7 days per week? Yes No

Are you able to work 15-18 hours a day? Yes No

Have you ever been convicted of a crime? Yes No *if yes, please explain: _____

*A conviction will not necessarily disqualify you from employment.

Please check the company you would like us to recommend you to:
 Check one or more

American Seafoods Kaldestad Fisheries Alaskan Leader Ocean Beauty
 US Seafoods Westward Seafoods Arctic Storm/Fjord Dona Martita

Have you worked with any BBEDC partner companies in the past? Yes No
 Which company? _____ When? _____

Education

	Name and Location	Number of years Completed	Graduation	Degree
High School				
Trade/Business				
College/University				
Other				

Please list any licenses, training, skills or experiences that qualify you to work onboard a processing vessel or in a processing plant. _____

Why did you apply for this program and how will it assist you? _____

Work Experience

Please begin with your most recent employer and list all jobs held.

Present or Last Employer:

Job Title & Duties

Employment Dates

Reason for Leaving

1. _____

Phone: _____

Supervisor: _____

2. _____

Phone: _____

Supervisor: _____

3. _____

Phone: _____

Supervisor: _____

Job Title & Duties	Employment Dates	Reason for Leaving

Have you ever worked on a boat, processing vessel, or fish processing plant? Yes No

If yes, please describe the position held, and the duties performed: _____

Check experience: Factory Trawler _____ Yrs/Mos _____ Longliner _____ Yrs/Mos _____

Stern Trawler _____ Yrs/Mos _____ Crabber _____ Yrs/Mos _____

Processor _____ Yrs/Mos _____ Other _____ Yrs/Mos _____

Please provide two personal references:

Name Address Occupation Telephone

1. _____

2. _____

Do we have your permission to contact previous employers and references listed? Yes No

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

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.

How did you learn about this program?

Liaison Website BBEDC Program Other Describe Other
Staff Directory

Signature

Date

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Dear Applicant,

As you are aware, these jobs are very competitive and people from all around the world are frequently applying for them.

In order to reduce conflicts aboard vessels, we want you to know that after you are hired, you are considered a regular employee of the hiring company. You are expected to abide by their personnel policies and code of conduct guidelines.

Moreover, as a Bristol Bay CDQ and/or watershed resident, you are expected to perform all duties and responsibilities of your position including representing yourself and community to the best of your ability.

BBEDC has no authority regarding your employment status; including, but not limited to special arrangements or privileges with the hiring company. BBEDC management highly suggests that you not use BBEDC's name as a leveraging tool in any matter whatsoever during your employment.

We are happy that BBEDC is able to assist you in obtaining this excellent employment opportunity and we hope that your future employment with any one of our fishing partners is successful.

I have read and fully understand the above statements.

Signature: _____ Date: _____

How did you learn about this program? _____

Company Representative _____

Phone/Fax _____

AUTHORIZATION FOR BACKGROUND CHECKS

It is the policy and practice of our Fishing Company to conduct background checks on all applicants for employment with the company. These background checks are mandatory for all applicants, and are a required condition for an individual being considered as a viable applicant for employment with our Fishing Company.

The company has arranged with a risk management services company to conduct background checks on its employment applicants. The investigation entity will generate a written report documenting the background checks conducted for each applicant, which will be used to determine whether the company wishes to further consider the applicant for employment with our Fishing Company.

Our Fishing Company promises not to use any report received from the investigating entity in violation of any applicable federal, state or local equal employment opportunity laws or regulation.

This form is to notify all applicants that background checks will be conducted through a risk management company, and to obtain from each applicant his or her specific authorization to permit the company and the investigating entity to conduct such background checks.

THIS FORM MUST BE FILLED OUT COMPLETELY

Name _____
(Last) (First) (Middle)

Please indicate any other names you have used (Including maiden name if applicable) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth ____ / ____ / ____ City and State of birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____ Sex _____

Social Security Number _____ - _____ - _____ Driver's License or State ID # _____

Have you ever been convicted of a felony or misdemeanor? (Admission of criminal convictions does not automatically disqualify you from employment)

Yes _____ No _____ if yes please give details _____
Date Crime Location

List below addresses at which you have lived in the past seven years with dates.
From To Address City State Zip

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to this investigating entity. This further releases all parties providing information from any and all liabilities or responsibility of doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

Print Name _____ Signature _____ Date _____