

# 2022 BBEDC Seasonal Employment Opportunities Program

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## APPLICATION CHECKLIST:

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
- BBEDC Affidavit of Residency Form (located on the homepage under Quick Links ([www.bbedc.com](http://www.bbedc.com)))
  - (1) Copy of your government issued photo ID (Examples: AK Drivers License/ID card, Military or Tribal ID card)
  - (2) Additional required documentation as stated on form
- Provide two letters of recommendation
  - (1) One Professional (school or work related)
  - (2) One Personal (cannot be spouse or relative)
- 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](http://www.bbedc.com)))
- Pre-Employment Drug Test if required
- Background Check if required

## APPLICATION SUGGESTIONS:

- Remember only complete applications will be considered
  - Do not leave any blanks on the application - address every section
  - It is your responsibility to make sure your application is complete
- Type your letter of interest and, when possible, the application as well

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

## 2022 BBEDC Seasonal Employment Opportunities Application

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Position you are applying for: \_\_\_\_\_ Company \_\_\_\_\_

Full Name as it appears on ID/AKDL: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AK ID/ADL #: \_\_\_\_\_

### *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: \_\_\_\_\_

Hobbies: \_\_\_\_\_

PO Box 1464 ♦ Dillingham, AK 99576 ♦ Phone: (907) 842-4370 or (800) 478-4370

Fax: (907) 842-4336 or (888) 325-4336 ♦ Website: [www.bbcdc.com](http://www.bbcdc.com)

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

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

**Employment History**

<b>Last or Present Employer</b>		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: _____		
<b>Past Employer</b>		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: _____		
<b>Past Employer</b>		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: _____		

## 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

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

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Additional Comments: \_\_\_\_\_

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How did you learn about this program?

Liaison Website BBEDC Program Other  
Staff Directory

Describe Other

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.***

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## 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 verification of the eligibility of** \_\_\_\_\_  
(Applicant's Name)

This authority shall continue in effect until this applicant is no longer enrolled in BBEDC's Education, Employment and Training Program.

### **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 education 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 Education, Employment & Training Program.

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, and 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.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_