

2023 BBEDC Seasonal Employment Opportunities Program

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))
 - (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))
- Pre-Employment Drug Test *if required*
- Background Check *if required*
- Incomplete Employment Justification Letter *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.

2023 BBEDC Seasonal Employment Opportunities Application

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

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

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

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: _____		
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: _____		
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: _____		

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? _____

Additional Comments: _____

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: _____

BBEDC Relationship Disclosure Form

Applicant Name

Community

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

Hattie Albecker Ugashik	Gusty Ilutsik Jr. Aleknagik	Fred T. Angasan Sr. South Naknek	Peter Angasan, Sr. King Salmon
Alexander Tallekpalek Levelock	Justin Alto Egegik	Robert Heyano Ekuk	MaryAnn Johnson Portage Creek
Richard King Ekwok	Gerda Kosbruk Port Heiden	Jimmy Coopchiak Togiak	H. Robin Samuelsen Dillingham
Victor Seybert Pilot Point	Fritz Sharp Twin Hills	Louie Alakayak Sr. Manokotak	Betty Gardiner Clarks Point
Erin Peters Naknek	NONE		

For each Board Member you checked above, please explain the relationship.

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

Michael Link	Chris Napoli	Staci Fieser	Charles Hensel
Clifford "Keggie" Tubbs	None		

For each Officer you checked above, please explain the relationship.

Applicant Signature

Date

2023 BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AFFIDAVIT OF RESIDENCY

Name: _____ Date: _____ Phone: _____ PO Box _____
 Physical Address: _____ City: _____ Zip: _____
 Previous Address (if applicable): _____

How long have you lived in this community? _____ **Residency must be renewed annually.**
 Have you been approved for BBEDC residency in the past two years? 2021 2022 No

BBEDC requires that anyone seeking services be 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*) **unless a program also serves watershed residents.** Definition of a CDQ community resident: A person who has resided in any of the 17 CDQ communities for a period of **24 consecutive months** or more **immediately prior to application and continues to live in a CDQ community.** Absences for up to **60 consecutive days** 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 (verification required) on their federal tax return.

In order to verify your residency in one of the 17 CDQ communities you **must** provide a copy of your government issued photo ID (Ex.: AK Driver's License/ID Card, Military or Tribal ID card) along with acceptable documentation from the following list showing your name & current address (**ID and additional document addresses must match a current address listed above**):

AK Permanent Fund Dividend paid confirmation, prior 2 Years (pfd.alaska.gov.)	Current and previous year rent receipt, electric/fuel/landline phone bill or other proof of maintaining a home in a BBEDC Community.
Current and previous year employment or unemployment records (W-2, check stub, statement).	Current and previous year TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter.

***If approved for residency in 2022, only current year documentation is required.**

If out of the CDQ community for more than 60 consecutive days, the only excusable absences are: **post-secondary purposes; military service; participation in BBEDC Employment & Training Programs; medical reasons; serving as a member of Alaska Senate, Alaska House of Representatives or staff of any such official, participating in a required academic internship that cannot be accomplished in-region, or participating in a seasonal commercial fishery outside of the BBEDC CDQ region, including participation with a BBEDC fishing partner.** To waive the 60-day requirement you must supply one of the following pertaining to your absence:

Enrollment form or transcripts verifying full-time attendance if attending school away from home.	Orders for active military duty.
Verification of program participation from BBEDC EET staff.	Physician letter stating need for the absence and estimated time for stay.
Proof of position in Alaska Senate or House of Representatives or employment as staff for any such official.	Proof of required academic internship and demonstration of inability to obtain the opportunity in-region.
Fish tickets/statements corresponding with the period of absence.	Proof of participation with BBEDC fishing partner.

Initial here: _____ **to confirm intention to remain a resident of the community from which you are applying.**

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.

APPLICANT SIGNATURE: _____ **DATE:** _____

This form must be signed by an Authorized Representative of the Village Tribal Council or the City Government

I verify that _____ is a resident of _____, and
 has been has not been (Reason: _____) residing in this CDQ community for the **past twenty-four months** or _____ (specific time period) Residency unknown to authorized signer

PRINT NAME: _____ **SIGNATURE:** _____

ORGANIZATION: _____ **DATE:** _____