



An Alaska Seafood Company Serving a Greater Purpose

APICDA and its subsidiaries (collectively, "APICDA") offer equal employment opportunity in recruitment and selection without regard to race, color, national origin, sex, genetics, gender identity and expression, sexual orientation, age, religion, pregnancy, parenthood, disability, and veteran's status. APICDA gives hiring preference to members of the Western Alaska communities APICDA represents. Employment with APICDA is at-will.

1.

APPLICANT INFORMATION

Full Name: _____ Date: _____

Nickname or Other Name(s) Worked Under: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Current Physical Address (if different from above):

City: _____ State: _____ Zip: _____

Phone: _____ Msg. Phone: _____ Email: _____

Emergency Contact: _____ Relation: _____

Phone Number(s): _____

Are you authorized to work lawfully in the U.S.? Yes / No

Have you been convicted of a felony in the last seven years? Yes / No

If yes, please explain: _____

Are you 18 years or older? Yes / No

Have you ever worked at a remote location? Yes / No

If yes, please explain: _____

What languages do you read/speak/write fluently?

2. EDUCATION

NAME OF SCHOOL:	LOCATION:	YEARS Completed:				SUBJECTS STUDIED Certificates/Degrees:
High School or GED:		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
College / Trade / or Business School:		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Special Study/Research/Graduate work:		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

3. EMPLOYMENT DESIRED

Position(s) you are applying for: _____ Date Available: _____

How did you hear about this position? _____

Summarize Special Skills and Qualifications that apply: _____

Have you worked for APICDA or one of its subsidiary companies before? Yes / No

If so, where? _____

Referred by: _____

Name, relationship, and position of relatives working for the company (or any subsidiary):

4. PREVIOUS EMPLOYMENT & REFERENCES

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position / Title: _____ Dates of Employment: _____

Duties & Responsibilities: _____

Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____

Are you eligible for rehire? Yes / No

If no, please explain: _____

May we contact your previous supervisor for a reference? Yes / No

Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Position / Title: _____ Dates of Employment: _____
Duties & Responsibilities: _____
Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____
Are you eligible for rehire? Yes / No
If no, please explain: _____
May we contact your previous supervisor for a reference? Yes / No

Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Position / Title: _____ Dates of Employment: _____
Duties & Responsibilities: _____
Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____
Are you eligible for rehire? Yes / No
If no, please explain: _____
May we contact your previous supervisor for a reference? Yes / No

5.

MILITARY SERVICE

Present Military Obligation:

None / Active Reserve / Inactive Reserve Branch: _____

Entry Date: _____ Type of discharge: _____ Discharge Date: _____

If other than honorable, explain: _____ Final Rank or Grade: _____

Describe your assignments: _____

I hereby certify that all information in this employment application is true and complete. I authorize Aleutian Pribilof Island Community Development Association (APICDA) to verify the accuracy and to obtain reference information on my work performance. I hereby release APICDA from any and all liability that could result from an employment decision based on any information I have provided or that has been provided pursuant to this release.

If I should obtain employment I will fully adhere to APICDA's policies, rules, and regulations. However, I further understand that neither these policies, rules, and regulations nor anything said during the interview process constitutes an implied employment contract. I understand that APICDA provides a safe workplace to all employees, free from alcohol and illegal drug use. I also understand that any employment offered is at-will and may be terminated by APICDA at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

APICDA requires the completion of a successful background check on each of its potential employees.

First Name: _____ M.I.: _____ Last Name: _____

Social Security#: _____ - _____ - _____ Sex: Male / Female

Place of birth: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____

Current address: _____

City, State, Zip: _____

I _____, (print name) hereby authorize access to CRIMINAL, CREDIT, CIVIL, AND TRAFFIC records (warranted by position). I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of APICDA whether the said reports are public or private and including those, which may be deemed to be of privileged or confidential in nature. I understand this information is as listed in the records, and by accessing information APICDA is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS.

A copy of this release form will be considered valid as an original hereof and will remain in my personnel file.

Employee Name (print name)

Employee Name (signature)

Date Signed

Witness (print name)

Date Signed

APICDA will outfit each employee with the legally required equipment as it relates to the assigned job.

In an effort to assure that we have the appropriate sizes, please fill out the information required below:

First Name: _____ M.I.: _____ Last Name: _____

Company: _____ Sex: Male / Female

Height (approximate): _____ Weight (approximate): _____

Boot / Shoe Size: _____ Rain Gear Size: _____ Glove Size: (S/M/L/XL) _____

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. **Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment.** This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name		Date
Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <div style="background-color: #4a698c; color: white; text-align: center; padding: 2px;">Disability Disclosure</div> <input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> _____ _____ _____ _____	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Services Medal Veteran <input type="checkbox"/> _____
Age		
<input type="checkbox"/> Under the age of 40 <input type="checkbox"/> Over the age of 40		Date of Birth: _____
<input type="checkbox"/> I do not wish to Self-Identify		