



### *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:		1/2/3/4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
College / Trade / or Business School:		1/2/3/4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Special Study/Research/Graduate work:		1/2/3/4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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

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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: \_\_\_\_\_

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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 Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <div style="background-color: #4a698d; color: white; text-align: center; padding: 2px;"><b>Disability Disclosure</b></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"/> <b>I do not wish to Self-Identify</b>		