



Section 1: Personal Data

Legal Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Date of Birth: _____
SSN: _____

City: _____ St: _____ Zip: _____ Email: _____

Home Phone#: _____ Cell Phone #: _____

Sex: _____ Male _____ Female

Emergency Contact Information: Name: _____

Home Phone#: _____ Work Phone#: _____

Address: _____ City: _____ St: _____ Zip: _____

Section 2: Shareholder Information

Are you a BBNC Shareholder, Spouse or Descendent? If Yes, please check:

_____ Shareholder _____ Spouse _____ Descendent

If you are a descendant please list their name: _____

Section 3: Educational Background

Education Level: _____

High School: _____

City/State: _____

Month/Year graduated: _____

OR GED

State Issued: _____

Year: _____

Post-Secondary Attendance

Have you ever attended any prior post-secondary academic or vocational training?

- No
- Yes If Yes, please list:

Name	Dates Attended
_____	_____
_____	_____

Section 4: Employment Status/Experience

Employment Status

___ Unemployed

___ Employed ___ P/T ___ F/T

Employer: _____

Do you have a valid Driver's License? ___ Yes

Veteran Status

___ Yes ___ No Active: _____

Arm of Service: _____

Job Title: _____

___ No State: _____ Exp: _____

Section 5: Employment Goals

Employers I am interested in:

Employer 1 _____

Employer 2 _____

Employer 3 _____

Positions I am interested in:

Position 1 _____

Position 2 _____

Position 3 _____

Please describe what job or jobs you would like to be employed after completing this training:
Not Applicable if Employed

Section 6: Statement of Correctness, Understanding, Authorization and Privacy

Act Waiver

_____ I understand that this program will require a drug screen, physical fit test and criminal background check. Understand that completion of the tests/background are mandatory to be eligible for the program.

_____ Trainee agrees if selected, to fully complete the entire training course.

_____ Trainee acknowledges that his or her completion on training will not necessarily result in an offer of employment. BBNC is making no promises, guaranties or offers of employment.

_____ I hereby attest that all the information I have provided on this application is true, correct and complete.

Signature

Date

E-mail, fax or mail the completed application and all required paperwork to:

Bristol Bay Native Corporation
Attn: Shareholder Development
111 W. 16th Avenue, Suite 400
Anchorage, AK 99501
Fax: 907-276-3924
csifsof@bbnc.net or cwren@bbnc.net

Required Application Attachments
___ Resume
___ Copy of Driver's License