



**Return completed application to:**  
BBNC Shareholder Development  
Attention: Buchi Lind  
111 W 16<sup>th</sup> Ave., Suite 400  
Anchorage, AK 99501  
Email: [blind@bbnc.net](mailto:blind@bbnc.net)  
Fax: 907.265.7803

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## Employment Support Program

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The Employment Support program is designed to assist shareholders to obtain, maintain or advance in employment by providing support services that will assist shareholders, descendants and spouses of shareholders to purchase or pay for certification fees, work related clothing/supplies, transportation, tools/equipment or other related supports to obtain/retain/advance in a job with BBNC companies or other employers.

All support services are dependent on availability of funding. BBNC's funding cycle operates on a fiscal year that begins in April and ends in March.

For additional information, please contact Buchi Lind at (907) 278-3602. If you reside outside of the Anchorage area, please call 1-800-426-3602.

### **Important Information to Know:**

Employment support funding cannot be utilized for reimbursement for work gear/tools or transportation costs that have already been incurred by the applicant.

Budget for this program is limited. Applications are reviewed on a first come – first served basis and must be complete before funding is approved and processed.

Applications should be submitted a week in advance to allow for adequate processing time.

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### **Application Requirements**

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1. Applicant must be a BBNC Shareholder, Descendant or Spouse of BBNC shareholder
2. Submit a complete application
  - a. Applicant must have a job offer or been recently employed to qualify for work gear/clothing and tool/equipment requests
  - b. Work gear/clothing and tool/equipment requests must have an attached list of items from vendor submitted with the application
3. Applicant must have a Talent Bank Application on file with BBNC SHD. The Talent Bank Application can be accessed online at [www.bbnc.net/caeers](http://www.bbnc.net/caeers)

You may send in your application by mail, email or fax. Electronic submissions are strongly encouraged. Please make sure to submit the application and all required attachments for your request.

# BBNC Employment Support Application

## Personal Information

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

**I am a BBNC:**  
\_\_\_\_ Shareholder  
\_\_\_\_ Descendant  
\_\_\_\_ Spouse  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicant is a descendant or spouse, please list name of direct BBNC shareholder relative  
**(direct relative is categorized as parent, grandparent or legal spouse. Children that have been legally adopted do qualify for services)**

Are you a Shareholder of another Alaska Native Regional or Village Corporation? If Yes, please check and list name:

\_\_\_\_ Shareholder      \_\_\_\_ Spouse      \_\_\_\_ Descendent

Other Regional or Village Corporation: \_\_\_\_\_

Are you Tribally enrolled with a federally recognized Tribe? If Yes, please list:

Tribal Enrollment: \_\_\_\_\_

**Applicants will also need to complete Talent Bank Application. Completed?** \_\_\_\_ Yes \_\_\_\_ No

\* If no, go to [www.bbnc.net/careers](http://www.bbnc.net/careers) to complete the Talent Bank Application.

## Financial Information

Request For:		Other Funding Applied For:
<input type="checkbox"/> Work Related Clothing/Supplies	\$ _____	Source _____ \$ _____
<input type="checkbox"/> Lodging	\$ _____	Source _____ \$ _____
<input type="checkbox"/> Transportation	\$ _____	Source _____ \$ _____
<input type="checkbox"/> Tools/Equipment	\$ _____	
<input type="checkbox"/> Certification Fees	\$ _____	
<input type="checkbox"/> Other: _____	\$ _____	

## Vendor Information

**Please attach a list of items from vendor to this application for work clothing/work tool requests.**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Date that items or request is needed by \_\_\_\_\_

## Employment Information

**Applicant must have job offer or been recently employed to be eligible for work clothing/tools. This will require staff to contact your employer for verification.**

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Hourly Rate: \$ \_\_\_\_\_ (Select One) Full Time \_\_\_\_ Part Time \_\_\_\_ On-Call \_\_\_\_