

# 2024 Bering Sea Employment Application

## APPLICATION CHECKLIST:

- Complete Bering Sea Employment Application
- BBEDC Affidavit of Residency Form attached or currently on file with BBEDC (Located on the homepage under Quick Links at 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
- BBEDC Relationship Disclosure Form
- Applicant Acknowledgment Form
- Authorization for Background Checks Form

*NOTE: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Box/Street City State Zip

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. Are you legally eligible to work in the United States?  Yes  No
2. Are you 18 years old or older?  Yes  No
3. Are you able and willing to work on a vessel 2-3 months at a time, 7 days per week?  Yes  No
4. Are you able to work 15-18 hours a day?  Yes  No
5. Please check the company(s) you would like to have the application shared with  
**American Seafoods**  **Alaskan Leader**  **OBI Seafoods**  **US Seafoods**  **Dona Martita**   
**Coastal Villages Bristol Management**  **Westward Seafoods**  **Arctic Storm/Fjord**

Have you worked with any BBEDC partner companies in the past?  Yes  No  
 Which company? \_\_\_\_\_ When? \_\_\_\_\_

## Education

	Name and Location	Number of years Completed	Graduation	Degree
High School				
Trade/Business				
College/University				
Other				

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## Employment History

<b>Last or Present Employer</b>		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 _____		Reason for Leaving:
<b>Employer</b>		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 _____		Reason for Leaving:
<b>Employer</b>		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 _____		Reason for Leaving:

## Additional Experience

Have you ever worked on a boat, processing vessel, or fish processing plant?  Yes  No

If yes, please describe the position held, and the duties performed: \_\_\_\_\_

Please list any licenses, training, skills, or experiences that qualify you to work on-board a processing vessel or in a processing plant. \_\_\_\_\_

Check experience:  **Factory Trawler:** Years/Months \_\_\_\_\_  **Longliner:** Years/Months \_\_\_\_\_  
 **Stern Trawler:** Years/Months \_\_\_\_\_  **Crabber:** Years/Months \_\_\_\_\_  
 **Processor:** Years/Months \_\_\_\_\_  **Other:** \_\_\_\_\_ Years/Months \_\_\_\_\_

Please provide two personal references:

Name	Address	Occupation	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Do we have your permission to contact previous employers and references listed?  Yes  No

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## APPLICANT ACKNOWLEDGEMENT

In order to reduce conflicts aboard vessels and in plants, we want you to know that after you are hired, you are considered a regular employee of the hiring company. You are expected to abide by their personnel policies and code of conduct guidelines.

Moreover, as a Bristol Bay CDQ and/or watershed resident, you are expected to perform all duties and responsibilities of your position including representing yourself and community to the best of your ability.

BBEDC has no authority regarding your employment status; including, but not limited to special arrangements or privileges with the hiring company. BBEDC management highly suggests that you not use BBEDC's name as a leveraging tool in any matter whatsoever during your employment.

We are happy that BBEDC is able to assist you in obtaining this excellent employment opportunity and we hope that your future employment with any one of our fishing partners is successful.

**I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.**

Applicant's Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you learn about this program?**

Liaison    Website    BBEDC Staff    Program Directory    Other    \_\_\_\_\_  
Describe Other

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## AUTHORIZATION FOR BACKGROUND CHECKS

It is the policy and practice of our Fishing Company to conduct background checks on all applicants for employment with the company. These background checks are mandatory for all applicants and are a required condition for an individual being considered as a viable applicant for employment with our Fishing Company.

The company has arranged with a risk management services company to conduct background checks on its employment applicants. The investigation entity will generate a written report documenting the background checks conducted for each applicant, which will be used to determine whether the company wishes to further consider the applicant for employment with our Fishing Company.

Our Fishing Company promises not to use any report received from the investigating entity in violation of any applicable federal, state or local equal employment opportunity laws or regulation.

This form is to notify all applicants that background checks will be conducted through a risk management company, and to obtain from each applicant his or her specific authorization to permit the company and the investigating entity to conduct such background checks.

### **THIS FORM MUST BE FILLED OUT COMPLETELY**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names you have used (Including maiden name if applicable): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City and State of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License or State ID # \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (Admission of criminal convictions does not automatically disqualify you from employment)

Yes  No  **If yes, please give details** \_\_\_\_\_  
Date Crime Location

List below addresses at which you have lived in the **past seven years** with dates.

From	To	Address	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to this investigating entity. This further releases all parties providing information from any and all liabilities or responsibility of doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**