



*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

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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: \_\_\_\_\_

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: #4a7ebb; 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>		

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by \_\_\_\_\_ (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

## PLEASE COMPLETE ALL FIELDS BELOW

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b> <small>check box if no middle name</small>	
<b>Social Security Number*</b> ###-##-####		<b>Date of Birth*</b> month/date/year		<b>Email Address</b> <small>required</small>	
<b>Driver's License Number</b>	<b>Issuing State*</b>	<b>Former Names/Aliases</b> <small>separate aliases with comma</small>			

### CURRENT ADDRESS

<b>Street</b>		<b>Apt/Unit</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	

### FORMER EMPLOYER

<b>Company</b>		<b>City, State</b>	
<b>Position</b>		<b>Dates of Employment</b>	

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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

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

# APPLICANT COPY

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>