

To successfully complete your application, submit the following:

- Intern Application Form.
- Cover letter.
Tell us about yourself and include information about your strengths and interests, achievements and any other information that you feel might help your application.
- Current high school or college transcript(s).
- Most recent resume (*optional for youth internship*).
- Letter(s) of recommendation from teachers or mentors.

Mail, email or fax completed application to:

APICDA
Attn: Training & Education
717 K Street, Anchorage, AK 99501
Email: education@apicda.com / Fax: (907) 929-5275

Internship Eligibility:

Participants must be a recipient of the APICDA Emil Berikoff, Sr. Memorial Scholarship Program *OR* be a current resident of one of these communities:

Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George or Unalaska,

and be in good standing with the educational institution you are attending with a grade point average of 2.0 or greater.

If you have questions:

Contact: T&E Department at 1-888-927-4232
or (907) 929-5273 ext. 216
or by email: education@apicda.com





1.

APPLICANT INFORMATION

Your Community Affiliation:

 Akutan Atka False Pass Nelson Lagoon Nikolski St. George Unalaska

Your full name: _____ Date: _____

Date of Birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Msg. phone: _____ Email: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number(s): _____

How did you hear about APICDA's Internship program? _____

2.

EDUCATION

NAME OF SCHOOL:	LOCATION:	YEARS Completed:				SUBJECTS STUDIED Certificates/Degrees:
		1	2	3	4	
High School or GED:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College / Trade / or Business School:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Study/Research/Graduate work:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List any school activities you participate in: _____

Awards you have received: _____

Certificates or licenses earned (i.e. driver's license, CPR card, etc.) _____

Past or present civic or cultural activities, or offices held: _____

List skills, knowledge of equipment, or language experience you have acquired: _____

(Other than family members):

1. NAME: _____ Contact Phone: _____

Occupation: _____ Relationship? _____

2. NAME: _____ Contact Phone: _____

Occupation: _____ Relationship? _____

Additional Information about yourself:

5.

EMPLOYMENT DESIRED (Skip if you completed internship placement questionnaire)

What type of Internship are you interested in? _____

What companies are you interested in? _____

What APICDA Community would you like to work in?

Akutan Atka False Pass Nelson Lagoon Nikolski St. George Unalaska

Are you interested in an internship in Anchorage? _____

Position(s) you are applying for: _____

What dates are you seeking an internship? _____ to _____

Date Available: _____ Have you worked for APICDA before? Yes / No

If so, where? _____

How many hours per week are you available to work? _____

6.

PREVIOUS EMPLOYMENT

1. 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

2. 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

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: _____

MEDIA RELEASE AGREEMENT

___ I hereby give APICDA the right to use my name, picture, portrait, or photograph for any publication, social media post, and/or website.

Signature: _____ 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.

Applicant Name (print name)

Applicant Name (signature)

Date Signed

Witness (print name)

Date Signed