



# EMPLOYMENT APPLICATION

Position Applied For: \_\_\_\_\_

## APPLICANT INFORMATION

Last Name, First Name Middle Initial

Complete Address

Phone

Email

Date Available

Desired Salary

BNC Shareholder?

YES  NO

Can you work overtime?

YES  NO

I am seeking temporary work until (date): \_\_\_\_\_

YES  NO

Can you provide a valid driver's license if a requirement of the position?

YES  NO

Have you ever worked for Bethel Native Corporation or any Bethel subsidiary company?

YES  NO

If yes, when?

\*\*\*\*\*The following question is required only if the position you are applying for requires a mandated background check for access to U.S. Government facilities or Department of Defense clearance. \*\*\*\*\*

Have you ever been convicted of a felony or misdemeanor? Include any Suspended Imposition of Sentence or DUI/DWI convictions. YES  NO

If yes, provide year of conviction

## EDUCATION

High School Name & Location

Did you graduate? YES  NO

College/Other Name & Location

Did you graduate?

YES  NO

Degree

## TRAINING

Do you have a current commercial driver's license (CDL)?

YES

No

If yes, expiration date :

Do you have a current asbestos certification and state fitness card?

YES

No

If yes, expiration date :

Do you have a current 40 Hr Haz Woper certification and card?

YES

No

If yes, expiration date :

Do you have a current first aid and CPR card?

YES

No

If yes, expiration date :

Do you have a current medical card?

YES

No

If yes, expiration date :

List any certificates that you hold that relate to this position and attach copies.

## PROFESSIONAL REFERENCES

Name	Company/Relationship	Contact Number

## PREVIOUS EMPLOYMENT

Company Name and Address:

From

To

Position

Supervisor

May we contact this employer? YES  NO

Responsibilities

Reason for Leaving

Company Name and Address:

From

To

Supervisor

Phone

May we contact this employer? YES  NO

Responsibilities			
Reason for Leaving			
<b>Company Name and Address:</b>		From	To
Position	Supervisor	May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities			
Reason for Leaving			
<b>CERTIFICATION AND AUTHORIZATION</b>			
<p>The Bethel Native Corporation and its family of wholly-owned subsidiaries (Bethel) are Equal Opportunity Employers. Qualified applicants will receive consideration for employment without regard to their status as protected veterans or individuals with disabilities, and prohibits discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, age, national origin or any other basis protected by applicable federal, state, or local law.</p> <p>If you are disabled and need accommodation in the application or interview process, please call Bethel Human Resources at 907-522-6311 to request such accommodations.</p> <p>I understand this application does not obligate the company to offer me employment or to hire me. I acknowledge that employment with Bethel is at will, which means that either I or Bethel can terminate the employment relationship at any time, with or without prior notice. _____(initials)</p> <p>I understand that my employment with Bethel is contingent upon satisfactory results of an investigation of my past employment, education, driving record, I-9 verification and pre-employment drug testing. Bethel participates in E-Verify. _____(initials)</p> <p>I certify that my answers are true and complete to the best of my knowledge. I understand that misrepresentation falsification of any information provided herein is sufficient reason for dismissal from or refusal of employment. _____(initials)</p>			
Signature		Date	

*(If submitted electronically, your e-mail will replace your signature.)*

**Please submit application:**

By Mail/In Person:

Bethel Solutions, Inc.  
 Attention: HR  
 2605 Denali Street, Suite 100  
 Anchorage, AK 99503

By Confidential Fax:

(907) 644-1473

By E-Mail:

[HR@bncak.com](mailto:HR@bncak.com)

*All information on this application will be treated confidentially. Bethel does not release information about its applicants/employees unless required by law or specifically authorized.*

## Voluntary EQUAL EMPLOYMENT OPPORTUNITY and VEVRAA Information Request

Various agencies of the government require employers to invite applicants to self-identify as indicated below. Bethel Companies maintain data on the racial/ethnic, gender identity, disability and protected veteran status of all applicants for employment. The data provides Bethel with information necessary to monitor compliance with Equal Employment Opportunity, Vietnam Era Veterans' Readjustment Assistance Act, and section 503 of the Rehabilitation Act requirements.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants without regard to their status as protected veterans or individuals with disabilities, and prohibits discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin, and all other bases prohibited by local, state, or federal law.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS DECISIONS REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

### Applicant Information

Full Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Voluntary Information

#### ETHNICITY

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and the Indonesian Archipelago.
- Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

#### GENDER

- Female  Male

**VETERAN STATUS:** 1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following: (a) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
  - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
  - An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.**

- I identify as one or more of the classifications of protected Veteran listed above.  I am not a protected Veteran.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.