



POLLOCK PROVIDES®

COASTAL VILLAGES EMPLOYMENT APPLICATION

LAST NAME	FIRST	INITIAL	DATE OF APPLICATION
MAILING ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	RESIDENCE PHONE	ALTERNATE PHONE	CELL PHONE

CHECK ALL BOX(ES) OF INTEREST: For CVS Plants, please indicate preference using 1, 2, 3, etc.

CVS PLANTS: Chefnak Kipnuk Hooper Bay Mekoryuk Platinum Quinhagak Toksook Bay Tununak

PARTNER PROCESSING: At-Sea processing "A" Season (Jan-April) At-Sea Processing "B" Season (June-Oct)

NON-PROCESSING: Crew Member Crabbing Apprenticeship Construction Other:

WHO REFERRED YOU TO COASTAL VILLAGES?	HAVE YOU EVER BEEN PLACED IN EMPLOYMENT BY CVRF? <input type="checkbox"/> NO <input type="checkbox"/> YES	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES	IN CASE OF EMERGENCY, NOTIFY: Name: _____ Relationship: _____ Address: _____ Phone No: _____ Alt. Phone: _____
Name:	Where:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Newspaper:	When:		
Other:	Position:		

EDUCATION: Name and location of School	DIPLOMA/DEGREE	DATE	IF NECESSARY FOR THE JOB:
High School:			Are you able to speak English? <input type="checkbox"/> NO <input type="checkbox"/> YES
Collage:			Are you able to read English? <input type="checkbox"/> NO <input type="checkbox"/> YES
Other:			Are you able to work at sea for 60-90 days? <input type="checkbox"/> NO <input type="checkbox"/> YES
			Are you able to work 7 days a week for 2-3 months? <input type="checkbox"/> NO <input type="checkbox"/> YES
			Are you able to work 16-18 hours a day with few breaks? <input type="checkbox"/> NO <input type="checkbox"/> YES

POSITION YOU ARE APPLYING FOR:	DATE AVAILABLE:
---------------------------------------	------------------------

QUALIFICATIONS: Please list any licenses, certificates, training, or specialized experience you feel relates to the position(s) you are applying for. List qualifications that would help you perform the work, such as schools, vocational or technical programs, military training, hobbies, work experience, etc. Please indicate your fish handling skills and experience, including commercial fishing and all subsistence activities.

CRIMINAL CONVICTIONS: (conviction of a crime is not an automatic barrier to employment. Factors, such as the age of the offense, the seriousness and nature of the violation(s), and rehabilitation will be considered)

As an adult, have you ever been convicted of, or are you currently awaiting trial for, any crime (excluding minor traffic violations)? NO YES Felony Misdemeanor

If YES, please explain:

To apply, submit your application to your local CVRF representative or to the Anchorage Office at:
Coastal Villages Region Fund
711 H Street, Suite 200
Anchorage, AK 99501
 Phone: (907) 278-5151
 Toll-free: (888) 795-5151
 Fax: (907) 278-5150
 E-mail: hr@coastalvillages.org

EMPLOYMENT EXPERIENCE: <i>Please account for all periods of employment, including all CVS employment and subsistence activities. Start with present or last employer. If additional space is needed, please use a separate sheet.</i>			May we contact your present employer? <input type="checkbox"/> NO <input type="checkbox"/> YES
EMPLOYER (CORPORATE NAME AND NAME OF VESSEL AND/OR PLANT, IF APPLICABLE)	HIRE DATE	JOB TITLE	STARTING PAY
ADDRESS	DATE LEFT	SUPERVISOR	FINAL PAY
JOB DUTIES	REASON FOR LEAVING		
EMPLOYER (CORPORATE NAME AND NAME OF VESSEL AND/OR PLANT, IF APPLICABLE)	HIRE DATE	JOB TITLE	STARTING PAY
ADDRESS	DATE LEFT	SUPERVISOR	FINAL PAY
JOB DUTIES	REASON FOR LEAVING		
EMPLOYER (CORPORATE NAME AND NAME OF VESSEL AND/OR PLANT, IF APPLICABLE)	HIRE DATE	JOB TITLE	STARTING PAY
ADDRESS	DATE LEFT	SUPERVISOR	FINAL PAY
JOB DUTIES	REASON FOR LEAVING		
EMPLOYER (CORPORATE NAME AND NAME OF VESSEL AND/OR PLANT, IF APPLICABLE)	HIRE DATE	JOB TITLE	STARTING PAY
ADDRESS	DATE LEFT	SUPERVISOR	FINAL PAY
JOB DUTIES	REASON FOR LEAVING		

PLEASE EXPLAIN ANY BREAKS IN EMPLOYMENT:

REFERENCES: *A reference is a person who knows you professionally or personally and can provide information related to your experience, qualifications, skills, and abilities.*

NAME	NAME	NAME
COMPANY	COMPANY	COMPANY
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP
PHONE NO.	PHONE NO.	PHONE NO.

- | | |
|--|---|
| <p>1. I understand that this application may be used for CVRF, CVS, and CVC positions, or referred to other employers.</p> <p>2. I authorize the investigation of all matters deemed relevant to my qualifications for employment, including all statements made in this application, attachments, and/or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employee supplying it. I also release you from all liability which might result from making the investigation.</p> <p>3. If I am employed by CVRF, CVS, CVC, or subsidiary, my employment is at will. I may terminate my employment at any time without notice or cause, and the company may terminate or modify the employment relationship at any time without notice or cause.</p> | <p>4. I understand that a pre- or post-employment urinalysis and/or blood tests for the presence of drugs or alcohol and passing other conditional physical testing to evaluate my ability to perform essential job functions may be required.</p> <p>5. By signing my name below, I confirm that I have read each of the above statements and that I have reviewed all the information I provided in this application and in any attachments or supporting documents for accuracy. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, my employment may be terminated.</p> <p>Signature: _____ Date: _____</p> |
|--|---|



AUTHORIZATION FOR RELEASE

I, _____, authorize Coastal Villages Region Fund (CVRF) to receive any information regarding my service, participation, and character, and do hereby unconditionally release your company or organization from all liability for any damage whatsoever which might result from furnishing this information.

Signature _____ Date _____

Applicant Name _____ **Date** _____

Please verify the employment history for the applicant above. Answer as many of the questions below as you are able and **fax back to CVRF at (907) 278-5150**. If you have any questions or concerns, please **contact our Employment Specialist at (907) 278-5151, or toll-free at (888) 795-5151**.

- 1) Dates applicant was employed: _____
- 2) What are the reasons the applicant left? _____

- 3) Is the applicant reliable? If not, why? _____

- 4) Did the applicant show up for work when scheduled? Was the applicant on time for work? _____

- 5) What was your working relationship with the applicant? _____
- 6) Additional Comments: _____

CVRF CONTACT INFORMATION: *(CVRF office use only)*

Company Contacted: _____
Person Contacted: _____
Date(s) Called: _____
Comments: _____
