



Application for Employment

EMMONAK OFFICE

ANCHORAGE OFFICE

PO Box 128
Emmonak, AK 99581

2909 Arctic Blvd.
Anchorage, AK 99503

Office Use only

Received Date _____

Hired Date _____

Last Name	First	Middle	Date
Mailing Address			Phone Number #1
City	State	Zip Code	Phone Number #2

If you have a prepaid cell phone with GCI, please list another contact number as was cannot call to those phone from a land line. Thank you.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, gender, or any other legally protected status.

Position(s) Applied For _____	Rate of Pay Expected _____	Date Available for Work _____
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Can you Work? Full Time _____ Part Time _____ Overtime _____ Weekends _____ Evenings _____

Have you worked for Kwikpak before? YES _____ NO _____ Date of Birth - _____
 Years _____ Locations _____ Positions _____

Check off any specific skills or qualifications you may have:

Mechanic - Auto _____	Plumbing _____	Operator - Heavy Equipment _____	Operator - Crane _____	LCM Captain _____
Mechanic - Diesel _____	Electrical _____	Operator/Driver - CDL _____	Engineering - Refrigeration _____	LCM Deckhand _____
Mechanic - Marine _____	Welding _____	Operator - Forklift _____	Engineering - Mechanical _____	Quality Control _____
Carpentry _____	Mill Work _____	Operator - Bobcat/Skidsteer _____	Driver - Licensed _____	Cook _____

Please list licenses, certification, or degrees you may have:

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO OF YRS COMPLETED	Degree/Diploma/Certifications
High				
College				
Other				

Are you currently enrolled in school and/or are a YDFDA Scholarship Recipient? YES or NO

PRIOR EMPLOYMENT EXPERIENCE

1.	Employer	Employed From	To
	Address	Starting Salary	Ending Salary
	Telephone Number(s)	Work Performed	
	Job Title	Supervisor	
	Reason For Leaving		

2.	Employer	Employed From	To
	Address	Starting Salary	Ending Salary
	Telephone Number(s)	Work Performed	
	Job Title	Supervisor	
	Reason For Leaving		

3.	Employer	Employed From	To
	Address	Starting Salary	Ending Salary
	Telephone Number(s)	Work Performed	
	Job Title	Supervisor	
	Reason For Leaving		

If you are applying for a skilled trade position, please complete the following reference information

Reference Name	Company	Phone Number

EMERGENCY CONTACT

#1 Contact Name _____
 Home Phone _____ Cell Phone _____ Work Phone _____

#2 Contact Name _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Employee Record

Have you ever been convicted of a misdemeanor in the last three(3) years; or a felony within the last seven (7) years? If yes, explain (conviction of a misdemeanor or felony is not a necessarily a bar to employment)

CONDITIONS OF EMPLOYMENT

I acknowledge that I have been given a copy of the job description and/or have been notified of essential job duties and functions for the position for which I have applied and confirm that I am able to safely perform the same with or without a reasonable accommodation. I understand that if I believe I need a reasonable accommodation to perform any of the essential job duties or functions of the position that I must request such accommodation before I begin work and/or as soon as I realize that I need one. All requests for accommodation should be directed to Kwipak' s Hiring Manager.

The undersigned in connection with an application for employment, hereby authorizes Kwipak to investigate my criminal, educational, and employment background. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on me to Kwipak, and/or its authorized vendor or representative. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The Undersigned hereby acknowledges that I have read or have had it read to me and I understand it. A copy of this authorization has the same authority as the original.

The facts set forth in my application for employment are true and complete. I understand that if hired, any false statements on this application shall be considered sufficient cause for dismissal. Additionally, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Kwipak Fisheries and me for either employment or for providing of any benefit. In the event that I am employed by Kwipak Fisheries, I understand that such employment will be **AT WILL** and can be terminated at any time, with or without cause, by either me or Kwipak Fisheries. I also understand that to assure safe operations of Kwipak Fisheries that I will be required to submit to a drug test before being allowed to work and may be required to submit to random drug testing or reasonable cause while employed by Kwipak Fisheries.

I understand that while employed at Kwipak Fisheries, LLC I will be required to abide by its "Zero Tolerance - Anti Drug Policy" which I have been given an opportunity to review. If I fail to do so, I understand that I can be subject to immediate termination.

If hired, I hereby agree to all terms and conditions as set forth above.

Printed Name _____

Employee Signature _____

Date _____

Account Balance Payment Authorization

Are you a commercial salmon or fresh water permit holder? YES or NO

Is your spouse/partner/family member a commercial or fresh water permit holder? YES or NO

If yes, would you like a percentage of your net pay to go toward paying off these family members that have fisherman account balances with Kwipak Fisheries? If so, please complete the following information.

In the event I have a fisherman account balance with Kwipak, or a loan with Yukon Delta Fisheries Development Association or Yukon Marine Manufacturing LLC, I hereby grant Kwipak the right to offset from the net wages the amount of \$ _____ or (_____ % a minimum of 10%) of such NET wages per pay period until such account is paid in full.

Permit Holders Name: _____ Percentage (%): _____ %

Permit Holders Name: _____ Percentage (%): _____ %

I agree to a Payroll Deduction in the amount stated above from each of my payroll checks.

Printed Name

Signature

Date
