



Norton Sound Economic Development Corporation
 2701 Gambell Street, Suite 400 Anchorage, AK 99503
 Phone: 907.274.2248 or 800.650.2248 Fax: 907.274.2249
 Email: hr@nsedc.com

Application for Internship Program

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non job related medical condition or handicap or any other legally protected status. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Section 1: Personal Information

Position Applying For: Intern Location: _____ Date of Application: _____
 Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Contact Number: _____ Email Address: _____
 If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Have you ever filed an application with us before? Yes No (If Yes, date of application: _____)
 Have you ever been employed with us before? Yes No (If Yes, dates of employment: _____)
 On what date would you be available for work? _____
 Can you travel if a job requires it? Yes No Do you have a valid drivers license? Yes No
 Are you a Norton Sound Resident? Yes No (Internship program is limited to Norton Sound residents as described in NSEDC's Residency Policy.)
 Have you been convicted of a crime in the last seven years, which has not been annulled or expunged by a court?
 Yes No (If "Yes", describe each conviction fully)

 How did you learn about us?
 Advertisement Website Employment Agency Friend Relative Walk-in Other

Section 2: Education & Training Information

Education	Name & School Location	Graduated (Yes/No)	Major	Diploma/Degree
High School				
College/University				
Other Training				

NSEDC Application for Internship

Section 2: Employment History (Please list most recent work experience)

Employer Name: _____

Address: _____ Supervisor Name: _____

_____ Supervisor Title: _____

Job Title: _____ Contact Number: _____

Dates Employed: FROM: _____ TO: _____

Supervisory Position? Yes No Rate of Pay: \$ _____

Work Performed/Job Description: _____

Reason For Leaving: _____ May we contact your employer: Yes No

Employer Name: _____

Address: _____ Supervisor Name: _____

_____ Supervisor Title: _____

Job Title: _____ Contact Number: _____

Dates Employed: FROM: _____ TO: _____

Supervisory Position? Yes No Rate of Pay: \$ _____

Work Performed/Job Description: _____

Reason For Leaving: _____ May we contact your employer: Yes No

Employer Name: _____

Address: _____ Supervisor Name: _____

_____ Supervisor Title: _____

Job Title: _____ Contact Number: _____

Dates Employed: FROM: _____ TO: _____

Supervisory Position? Yes No Rate of Pay: \$ _____

Work Performed/Job Description: _____

Reason For Leaving: _____ May we contact your employer: Yes No

NSEDC Application for Internship

Section 3: Department of Interest

Interns will be placed in departments depending on availability and intern's area of study or interest. Please indicate your department preference (i.e. Accounting; Education, Employment, & Training; Human Resources; Norton Sound Seafood Products; Community Benefits; Communications; Safety; Norton Sound Fisheries Research & Development; Administration.)

1. _____
2. _____
3. _____

In addition to your work history, please list any experiences, skills, qualifications or certificates relevant to the position you are applying for: _____

Section 4: References

Provide name, address and contact number of three references who are NOT related to you and can confirm your previous work performance.

- | |
|----|
| 1. |
| 2. |
| 3. |

NOTE: All applications must include a letter of interest and a resume.

Please indicate that you have attached both documents: Letter of Interest Resume

Section 5: Applicant Signature

By signing below, I hereby certify that the above information is true to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision. This application for employment shall be considered active for not more than 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time or if the application submitted needs to be updated. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any communication or conduct, except for a written agreement signed by the President. I understand and acknowledge that any misrepresentation of fact or willful perjury on this application or in any subsequent interview is grounds for not being hired, and in the event of employment - if found out subsequent to hire - is grounds for immediate termination with TOTAL loss of any and ALL benefits which the employee might have accrued. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____ **Date Signed:** _____