



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? <input type="radio"/> Yes <input type="radio"/> No		
Have you ever filed an application with us before? <input type="radio"/> Yes <input type="radio"/> No (If Yes, date of application: _____)		
Have you ever been employed with us before? <input type="radio"/> Yes <input type="radio"/> No (If Yes, dates of employment: _____)		
On what date would you be available for work? _____		
Can you travel if a job requires it? <input type="radio"/> Yes <input type="radio"/> No Do you have a valid drivers license? <input type="radio"/> Yes <input type="radio"/> No		
Are you a Norton Sound Resident? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No (If "Yes", describe each conviction fully)		
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other		

Section 2: Education & Training Information

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

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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? <input type="radio"/> Yes <input type="radio"/> No	Rate of Pay: \$ _____
Work Performed/Job Description: _____	

Reason For Leaving: _____	May we contact your employer: <input type="radio"/> Yes <input type="radio"/> No
Employer Name: _____	
Address: _____	Supervisor Name: _____
_____	Supervisor Title: _____
Job Title: _____	Contact Number: _____
Dates Employed: FROM: _____	TO: _____
Supervisory Position? <input type="radio"/> Yes <input type="radio"/> No	Rate of Pay: \$ _____
Work Performed/Job Description: _____	

Reason For Leaving: _____	May we contact your employer: <input type="radio"/> Yes <input type="radio"/> No
Employer Name: _____	
Address: _____	Supervisor Name: _____
_____	Supervisor Title: _____
Job Title: _____	Contact Number: _____
Dates Employed: FROM: _____	TO: _____
Supervisory Position? <input type="radio"/> Yes <input type="radio"/> No	Rate of Pay: \$ _____
Work Performed/Job Description: _____	

Reason For Leaving: _____	May we contact your employer: <input type="radio"/> Yes <input type="radio"/> No
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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. _____

Please note the following departments: Accounting; Education, Employment, Training (EET); Human Resources are located in our Anchorage office.

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:** _____