



Brice, Inc.

Brice Marine

Brice Equipment

APPLICATION FOR EMPLOYMENT

**Corporate Office:
Human Resource Department
PO BOX 70668
Fairbanks, AK 99707
(907) 452-2512**

JOB NUMBER:

Please print clearly and fill out application completely. This application will be maintained for two years. Your consideration for any position depends upon complete and accurate information. If any information you include in this application changes before an employment offer is made, you must revise this application or submit a new one.

Please do not use "see resume". Ask for an explanation of any questions you do not understand.

1. General Information

Last Name MI	First	Social Security Number	Date of Application
Street or Mailing Address		Can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If offered employment you will be required to submit documentation required by IRCA.)	
City Zip	State	Home Phone	Alternate Phone
Do you know anyone presently working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who:		Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? When?	Have you ever worked for Brice Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? When?
Desired position?		Salary desired?	Date available?
Have you ever used any other names? (For background & criminal check)		Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License. Number Date of Expiration	

2. ANCSA Shareholder Information (Check all that apply):

Non-ANCSA Shareholder

<input type="checkbox"/> Calista Shareholder Village Corp.:	<input type="checkbox"/> Other Corporation Region Name:
<input type="checkbox"/> Descendent of Shareholder Name:	<input type="checkbox"/> Other Native American Tribe:

3. Referral Information

Who referred you to this company? Employment Agency Newspaper Advertisement State Employment Office
 Relative _____ Friend _____ Walk in Other _____

4. Work hours, travel and scheduling preferences:

Would you prefer: Part-time only Full-time only Temporary No Preference
 Hours per day, would you prefer: 4 or less? 8 Up to 12 No Preference
 Hours per week, would you prefer: 20 or less? 40 Up to 60 Up to 84 No Preference
 Shifts, would you be willing to work: 8 am-5pm 4 pm-12am 12am-8am 12 hr days 12hr nights No Preference
 Are you willing to work: Away from home? Yes No Out of State? Yes No Out of US? Yes No
 If so, how long could you be away? 1 week 2 weeks 3 weeks 4 weeks Other: _____

5. Education and Training Information

Circle the highest year of schooling completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 GED

Beginning with high school, list below all training and education including college, trade or vocational schools, courses such as First Aid, CPR, EMT, HazMAT, HazWOPER, apprenticeship training, and significant professional education courses or certifications. Use additional paper if necessary.

Institution Name or Training Course	Location	Number of Years Attended	Graduate	Degree, Certificate or License

6. Military Record

Branch of Service: _____ From: _____ To: _____ Last Rank: _____
 Current Military Affiliation: None Reserve (Active) Reserve (Inactive)
 Kind of training and duty while in service _____

7. Employment Record

Starting with the present or most recent, list your last 10 years of employment, including self-employment, summer and part-time jobs. If more space is needed, use a separate sheet. If you have a resume for the last 10 years of employment, you may also attach it here, but complete the items below regardless. **Do not put "See Resume Attached" in this section.**

Company		Job title	
Address		Phone	Brief description of job duties
City	State	Zip	
Supervisor's name			
Wage/Salary	Dates worked From To		
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?			Reason for leaving

Company		Job title
Address		Phone
City		State
Zip		
Supervisor's name		
Wage/Salary	Dates worked From To	
May we contact this employer If no, why?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving		

Company		Job title
Address		Phone
City		State
Zip		
Supervisor's name		
Wage/Salary	Dates worked From To	
May we contact this employer If no, why?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving		

Company		Job title
Address		Phone
City		State
Zip		
Supervisor's name		
Wage/Salary	Dates worked From To	
May we contact this employer If no, why?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving		

8. Job Skills, Qualifications and Employment Gaps

Summarize your job skills, training and/or study that are relevant for the desired position. Also, explain any periods that you were not working. Use additional paper if necessary.

--

9. Work References

List three people **not related to you** who have knowledge of your qualifications for the position(s) in which you may be applying:

Name	Relationship	City and State	Phone (w/Area Code)	Occupation

10. Applicant Certification and Release

Have you ever been fired, discharged or asked to resign from any position? Yes No

If yes, explain from what organization and reason.

Have you been convicted of a felony? A conviction record will not necessarily bar you from employment with Brice, Inc. Yes No

If yes, give date, nature of offense and explain circumstances.

--

PLEASE READ CAREFULLY BEFORE SIGNING

_____ Please initial. *I hereby certify that the information contained in this application for Employment is true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions regarding this application are considered sufficient grounds for disqualification from further consideration or for my dismissal if employed; and that the information in this application may be released in an authorized legal investigation. For the purpose of the certification, a photocopy of my original signature shall have the same force and effect as my original signature.*

_____ Please initial. *I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that any offer of employment is contingent upon successful completion of the employment process which may include, but is not limited to, reference checks, driving record, criminal security background check, current credit rating, drug screen results and other information bearing upon my employment fitness and qualifications. I also understand that this position may require my ability to obtain and hold the necessary security clearance granted by the Defense Security Service.*

_____ Please initial. *I consent to and authorize Brice, Inc. to request any information concerning my previous employment, educational history, character, and background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information. If employed by the Company, I further authorize the Company to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.*

_____ Please initial. *I agree that **Brice, Inc.** may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.*

_____ *Please initial.*

I further understand that this Application for Employment is not a contract of employment and if I am employed I understand that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

Printed Applicant Name

Signature of Applicant

Date signed

Revised 7/2010