



NSRAA EMPLOYMENT APPLICATION

INSTRUCTIONS

- **Fill out application**
- **Save to your computer to email (*typing your name in the signature fields will be your signature*) OR Print and manually sign.**
- **Send your completed application with a cover letter and resume to:**

**NSRAA
1308 Sawmill Creek Road
Sitka, AK 99835**

or

Email your application, resume and cover letter to the contact listed on the job posting.

EMPLOYMENT APPLICATION

Northern Southeast Regional Aquaculture, Inc. (NSRAA) is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital status, place of national origin, and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date:

Applicant Information

Name: _____
Address: _____
City/State: _____ Zip Code: _____
Telephone: _____ Message # _____
Do you have a valid driver's license? * _____ State License #: _____
Have you ever applied to, or worked for NSRAA before? _____ If yes, when? _____
Do you have any friends or relatives working for NSRAA? _____
If yes, state name and relationship: _____
How did you hear about us/this opening? _____
State briefly why you would like to work for NSRAA: _____

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? _____

Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense, a nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the positions) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____
Full-time or part-time? _____ If part-time, hours per week desired: _____
Are you available to work holidays? _____ Are you available for work on weekends? _____
Hours you are available to work: _____ Days of week you are available to work? _____
Are you available to work nights? * _____ Are you available to be on-call? _____
If hired, on what date could you start work? _____ Are you available to work overtime? * _____
Are you able to travel on company business? * _____ % Time willing to travel: _____
Hourly rate of pay or monthly salary desired: _____

*If required for the position you are seeking

Education and Training (include on-the-job training):

	School/Location/Sponsor	Course of Study Dates	Attended
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Special Skills

Do you speak, write or understand any foreign languages?

If yes, which language(s)?

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at NSRAA? If so, explain in detail below:

Professional society Memberships:

Licenses (list states):

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

Employment History:

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below.

Name of Company:			
Name of Supervisor:			
Address:			
Street	City	State	Zip Code
Telephone Number:			
Position and Duties:			
Dates of Employment:			
Starting Rate of Pay:		Ending Rate of Pay:	
Reason for Leaving:			
Name of Company:			
Name of Supervisor:			
Address:			
Street	City	State	Zip Code
Telephone Number:			
Position and Duties:			
Dates of Employment:			
Starting Rate of Pay:		Ending Rate of Pay:	
Reason for Leaving:			
Name of Company:			
Name of Supervisor:			
Address:			
Street	City	State	Zip Code
Telephone Number:			
Position and Duties:			
Dates of Employment:			
Starting Rate of Pay:		Ending Rate of Pay:	
Reason for Leaving:			
Name of Company:			
Name of Supervisor:			
Address:			
Street	City	State	Zip Code
Telephone Number:			
Position and Duties:			
Dates of Employment:			
Starting Rate of Pay:		Ending Rate of Pay:	
Reason for Leaving:			

**APPLICANT'S AUTHORIZATION TO
RELEASE INFORMATION**

As an applicant for a position with NSRAA, Inc., I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Please release or verify the items indicated:

Yes No
 _____ _____ All Information Requested

Past Employers:

- _____ _____ Salary History
- _____ _____ Dates of Employment
- _____ _____ Positions Held
- _____ _____ Supervisors (Names of)
- _____ _____ Responsibilities and Duties Performed
- _____ _____ Reasons for Leaving
- _____ _____ Eligibility for Rehire
- _____ _____ Attendance Record for Last Year of Employment

Educational Institutions:

- _____ _____ Degree Obtained
- _____ _____ Transcript
- _____ _____ Licenses/Certifications

Signature: _____ Date: _____

Name: _____

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).	
	I hereby authorize NSRAA to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release NSRAA, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
	I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.
	If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that NSRAA may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.
	I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and NSRAA. In addition, I understand and agree that if I am employed, my employment relationship with NSRAA is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without prior notice, with or without cause or reason, at the option of either myself or NSRAA, and that no promises or representations contrary to the forgoing are binding on NSRAA unless made in Writing and signed jointly by the President/CEO and myself.
	I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or NSRAA benefits, policies and procedures will not alter our at-will and arbitration agreements.
	I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
	If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Alaska driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by NSRAA auto insurance, if required for my position.
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date