



**KODIAK REGIONAL AQUACULTURE ASSOCIATION**

104 Center Avenue, Suite 205  
Kodiak, AK 99615

Phone: 907-486-6555  
Fax: 907-486-4105  
www.kraa.org

**Employment Application**

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
LAST FIRST

**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Are you legally eligible for employment in USA?**

**yes** (verification required)       **no**

Applicant seeking:  Permanent Position       Temporary Position       Other Explain \_\_\_\_\_

If necessary, are you available to work overtime?       yes       no      non-standard hours?       yes       no

Are you able to perform the essential functions of the position with or without accommodations?       yes       no

Are you able to lift 50lbs repeatedly and carry distances of up to 100 yards?       yes       no

Do you have a valid driver's license?       yes       no      Number and State Issued: \_\_\_\_\_

Are you able to provide your own transportation to and from work?       yes       no

If necessary for the position, are you over (check one)      \_\_\_\_16      \_\_\_\_18      \_\_\_\_21

I will be able to report to work \_\_\_\_ day(s) / week(s) after being notified that I am hired.

<b>Education:</b>	List School and Address	Yrs Completed	Field of Study	Graduate or Degree
High School				
College				
Technical/Trade School				
Other / Military Service				

**REFERENCES:** List three references that are not relatives

\_\_\_\_\_  
Name      Years Known      Address      Phone      Occupation

\_\_\_\_\_  
Name      Years Known      Address      Phone      Occupation

\_\_\_\_\_  
Name      Years Known      Address      Phone      Occupation

**EMPLOYMENT:** List most recent employment first. Include summer or temporary jobs. Be sure to include all employment related to this position. Attach another sheet if necessary.

Employer Name and Address, including phone	Position Title and Duties Required	Dates Employed From                      To
		Reason for Leaving
	Supervisors Name:                      Direct Phone: (if available)	

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	Supervisors Name:                      Direct Phone: (if available)	

Types of computers, other electronic or mechanical equipment that you are qualified to operator or repair:

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Professional Licenses, Certifications, or Registrations:

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Additional skills including supervision skills, other languages, or information regarding this position you wish to bring to the employer's attention: (Attach additional sheet if necessary.)

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**INFORMATION TO THE APPLICANT:** your personal and employment references may be contacted. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from employment. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or drug test, or sign a conflict of interest agreement and abide by its terms.

KRAA will conduct a background check prior to the initiation of any offer for employment.

I certify that the information provided on this application is true and complete to the best of my knowledge and authorize Kodiak Regional Aquaculture Association (KRAA) to verify its accuracy and to obtain reference information on my work performance.

I hereby release KRAA to use this information to make an employment decision and release KRAA from any liability for decisions made based on information provided.

I understand, as a prerequisite to employment with KRAA, I may be subject to a background check. Written permission will be obtained before the background check is initiated.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE EXECUTIVE DIRECTOR OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application materials may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

**Fax application to 907-486-4105; OR email to KRAA ([kraa@kraa.org](mailto:kraa@kraa.org)) and/or the hiring manager listed on the job posting.**

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**EMPLOYER SECTION:**