

TRAINING WITHOUT WALLS

BRISTOL BAY NATIVE CORPORATION
CHOGGIUNG LIMITED

111 West 16th Avenue, Suite 400 • Anchorage, AK 99501 • (800) 426-3602 / (907) 278-3602 • Fax: (907) 276-3924

Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (HM) _____ (WK) _____ E-Mail _____

Birthdate _____ Sex _____ Village Corporation _____

Please attach a cover letter briefly describing:

- why you are interested in the program
- why you believe yourself to be a good candidate
- your own leadership and managerial abilities

The complete application will contain:

- this application form
- a cover letter addressing the topics mentioned above
- copies of all college/university/technical transcripts (they do not need to be official, sealed copies)

Applications are accepted at all times and openings are filled on a rolling admission basis. Send to: Leslie Ravelo, TWOW c/o BBNC, 111 West 16th Avenue, Suite 400, Anchorage, AK 99501 (800) 426-3602 w (907) 276-3924 f lravelo@bbnc.net

COMMITMENT

I understand the purpose of Training Without Walls and if I am selected as a candidate, I will devote the time and resources necessary to complete the program.

Signature

Date

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I. EMPLOYMENT / PROFESSIONAL / PERSONAL BACKGROUND

A. CURRENT OCCUPATION

Briefly describe your responsibilities in your current line of work:

B. WORK EXPERIENCE (current and then most recent). Please include a discussion of supervisory and managerial responsibilities as well as progressive work challenges.

1. Current place of work

Address

_____ From ___/___/___
_____ To Present

Phone

Job Title

Supervisor's Name and Title

Description of Responsibilities

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2. Place of Work

Address

_____ From ___/___/___

_____ To ___/___/___

Phone

Job Title

Supervisor's Name and Title

Description of Responsibilities

3. Place of Work

Address

_____ From ___/___/___

_____ To ___/___/___

Phone

Job Title

Supervisor's Name and Title

Description of Responsibilities

(Make additional copies of this page if necessary to cover significant work history.)

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II. EDUCATION / TRAINING

Include all High School, College, University and Technical training. Attach copies of all college/university/technical transcripts. Transcripts do not need to be sealed or sent directly to us from the school.

Name of Institution	Degree / Certification / Type	Dates
H.S. _____		
A. _____		
B. _____		
C. _____		
D. _____		

III. ACHIEVEMENTS / LEADERSHIP

Use other or additional sheets if desired.

A. What do you consider to be your most important accomplishments to date? Why?
