

BSNC Shareholder & Descendant Talent Bank Registration Form

BSNC shareholders and descendants of original shareholders are invited to register their information in the Talent Bank to be used for recruitment. Submitted information will be kept confidential and will only be used for BSNC purposes. Access MyBSNC to view your talent profile.

Part I – SHAREHOLDER IN	FORMATION		
Last Name	First Name	M.I.	SSN (Last 4 Digits)
Date of Birth	-		
Check one of the followin	g options that apply to you:		
BSNC Original Shareholder			
Received Shares through Git	fting or Inheritance		
BSNC Shareholder Descenda	ant		
Please provide an executi	ve summary of your qualifications:		

EMPLOYMENT SURVEY (Select one, below)

Employed – Actively seeking opportunities

Employed – Not seeking opportunities

Employed – Would consider change for right opportunity

Not Employed - Seeking employment

Not Employed – Not seeking employment



I AM INTERESTED IN:

Working for the Corporation Working for a Subsidiary Relocating

DECIDED	PAY RATE:	
DESIRED	PAY KAIE:	

I AM WILLING TO:

Travel to Alaska

Travel outside of Alaska

Travel Internationally

Do rotational shift work

Join a Union

IF REQUIRED, I CAN:

Provide current driver's license

Provide current CDL

Provide proof of citizenship

Submit to a drug screening

Submit to a background check

I AM SEEKING:

Full-time Employment

Part-time Employment

Temporary Employment

Internship

Apprenticeship

UNION AFFILIATION:

Does Not Apply

Current Union Member

Past Union Member

I am Current on Union Dues

UNION	NAME:



Part II – WORK EXPERIENCE

Current Employer: Yes	No	Employer Name:
Job Title:		
Field of Work:		
Start Date (Month/Year):		End Date (Month/Year):
Additional Information:		
Current Employer: Yes	No	Employer Name:
Job Title:		
Field of Work:		
Start Date (Month/Year):		End Date (Month/Year):
Additional Information:		



Current Employer: Yes	No	Employer Name:
Job Title:		
Field of Work:		
Start Date (Month/Year):		End Date (Month/Year):
Additional Information:		
Current Employer: Yes	No	Employer Name:
Job Title:		
Field of Work:		
Start Date (Month/Year):		End Date (Month/Year):
Additional Information:		



Part III - SKILLS

Skill Classification:
Years of Experience:
Skill Classification:
Years of Experience:
Skill Classification:
G. C.
Years of Experience:
Part IV – EDUCATION OR CERTIFICATION
Education Type:
Education Level:
Institutions
Institution:
Current Status:
In-Progress
Complete
Not Complete
Drimany Field of Study
Primary Field of Study:
Minor Field of Study:
From Year: To Year:



Additional Information:
Certifications:
Certification Type:
Institution:
Current Status: In-Progress
Complete
Not Complete
Active Expired
Active
Expiration Date:
Expiration sate:
Security Clearance Type:
Status Reason:
Current Status:
Active
Expired
Interim
Expiration Date:



TO RETURN COMPLETED FORM, OR FOR QUESTIONS CONTACT:

BSNC Shareholder Development Department

Email: SHDevelopment@bsnc.net

Mail: Attn: Shareholder Development Department 3301 C Street, Suite 100, Anchorage, AK 99503