

APPLICATION PROCESS - TCC, A JOINT VENTURE

While the TCC application process requires time and effort upfront, *Shareholder Services is here to support every step of the way!* Getting the process started requires a few simple steps:

Step 1

1. **Complete the application** via the Shareholder Portal - *Can be completed in 15 minutes!*
2. **Provide DMV driving record**

Step 2 (Costs Covered by TTC)

1. **Obtain Proof of Hazardous Waste Operations and Emergency Response Certification**, also known as HAZWOPER, via [National HAZWOPER Association](#)
2. **Apply and obtain the Transportation Worker Identification Credential**, also known as TWIC®, via the [Transportation Security Administration](#)
3. **Create a resume** - *Don't worry, if you don't already have one, we can help!*

Compile and submit the following:

- Application
- Driving Record
- HAZWOPER Certification
- TWIC Card
- Resume

Step 3 (Fees Covered by TTC)

Complete and submit union application
([Laborers](#) or [Teamsters](#))

Step 4 Standby for an open position.

Step 5 When called out, proceed with:

1. Schedule and complete **background check**
2. Schedule and complete **drug screen**
3. Complete **Fitness for Duty physical assessment**

NOTE: While Step Two is taking place, the hiring support team is determining what levels of employment are available with TCC.



QUESTIONS?

[shareholderservices@](mailto:shareholderservices@tatitlek.com)

tatitlek.com

(907) 339-8675

CONGRATULATIONS - You've made it!



The Tatitlek Corporation is also here to help with housing and relocation to Valdez, AK. Up to a **\$1,000 stipend** may be provided directly to the leasing company in addition to up to **\$2,500 for moving expenses** such as charter board, gas, U-Haul rental.

Housing Resources

- [Sound Realty](#)
- Resources via Facebook ([Valdez Online Bulletin Board](#) or [Valdez Housing Cycle](#))

TCC A Joint Venture

PO Box 1643
 Valdez, AK 99686
 Phone: (907) 835-6954
 Fax: (907) 835-2563

Date of Application _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

APPLICATION FOR EMPLOYMENT

Please Print

LAST NAME	FIRST	MIDDLE	OTHER NAMES USED IN EMPLOYMENT
MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE		SOCIAL SECURITY # (OPTIONAL)
ARE YOU ELIGIBLE FOR U.S. EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION(S) DESIRED			RATE OF PAY DESIRED
TYPE OF WORK DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY HOURS DESIRED:			AVAILABLE START DATE
PLEASE LIST APPLICABLE SPECIAL SKILLS OR TRAINING			
PROFESSIONAL LICENSES, CERTIFICATES OR REGISTRATION			ARE YOU 18 OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU LEARN OF TCC (CURRENT EMPLOYEE, AGENCY, WEBSITE)			
WERE YOU PREVIOUSLY EMPLOYED BY TCC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		LIST NAME(S) OF RELATIVE(S) EMPLOYED OR WHO SERVE AS BOARD MEMBERS WITH TCC?	

EDUCATION

SCHOOL	NAME/LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE WORK HISTORY

Please give accurate, complete full-time and part-time record. Start with present or most recent employer.

Company Name		Telephone
Address		Day of Employment From _____ To _____
Job Title	Supervisor's Name	Rate of Pay Start _____ Final _____
Position Description		Reason for Leaving
Company Name		Telephone
Address		Day of Employment From _____ To _____
Job Title	Supervisor's Name	Rate of Pay Start _____ Final _____
Position Description		Reason for Leaving
Company Name		Telephone
Address		Day of Employment From _____ To _____
Job Title	Supervisor's Name	Rate of Pay Start _____ Final _____
Position Description		Reason for Leaving
Company Name		Telephone
Address		Day of Employment From _____ To _____
Job Title	Supervisor's Name	Rate of Pay Start _____ Final _____
Position Description		Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		Do Not Contact
		Reason

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN
HAVE YOU EVER HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED AS A RESULT OF MOVING VIOLATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN
INFORMATION SUPPLIED ON CONVICTION RECORD WILL NOT NECESSARILY BAR APPLICANT FROM CONSIDERATION FOR EMPLOYMENT. NAUTRE OF, REASON FOR, AND TIME ELAPSED SINCE CONVICTION WILL BE REVIEWED IN LIGHT OF THE DUTIES OF THE JOB SOUGHT.
THE ANSWER TO THIS QUESTION IS OPTIONAL. ARE YOU A SHAREHOLDER IN A NATIVE CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ONE(S)?

Any ideas, inventions or improvements made or conceived by me during any employment resulting from this application to TCC, including its subsidiaries (all hereafter called Corporation) relating to the Corporation activities, or work I perform for the Corporation, shall be the sole property of the Corporation and I will execute all papers necessary to vest title thereto in the Corporation or its nominee(s) in the United States and foreign countries.

The information provided in this application for employment is true, correct and complete. If employed any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation or permanent employment upon the Corporation. Employment may be terminated at any time at the option of the employee or the Corporation.

Modification of these provisions can only be made in writing to the General Manager of the Company.

To comply with the Drug Free Workplace Act of 1988, some employees are required to participate in an education and awareness program. Employees working on specific U.S. Government contracts or contracts regulated by the U.S. Government are affected. It may be necessary for you to submit to drug testing.

DATE

APPLICANT SIGNATURE

FOR EMPLOYER USE ONLY - REFERENCE CHECK

Employer	Person Contacted	Results

Interview Results

Interviewer Comments

Employed YES NO

Date of Employment _____

Job Title

Hourly Rate/Salary

Division/Department

Name/Title

Date

EMPLOYEE EEO INFORMATION

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary action. Information that you provide will be kept confidential and made available to managers and government officials investigating compliance with Federal law.

TCC, A Joint Venture, has developed an Equal Employment Opportunity Program. You can help TCC in its efforts to initiate and in the future comply with the program's reporting requirements by answering the following questions. State and Federal law stipulates that the information you provide cannot be used to evaluate your performance.

ETHNIC ORIGIN		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Eskimo, Aleut, Alaska Native Indian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Other	_____	
GENDER		VIETNAM VETERAN
<input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Veteran	
<input type="checkbox"/> Male	<input type="checkbox"/> Disabled Vietnam Veteran	
ADA		
<input type="checkbox"/> Requires accommodation for disability		

Positions(s) applied for: _____

Printed Name: _____

Signature: _____ Date: _____

For Office use only:

Site/Project: _____