



Doyon, Limited, Doyon Drilling, Inc., & TCC
43rd Roustabout Training Application

Doyon,
 Limited 1 Doyon Place,
 Suite 300
 Fairbanks, Alaska 99701
 907-459-2085
 1-888-478-4755 ext. 2085
 Fax (907) 459-2065

PLEASE REVIEW ALL DOCUMENTS AND SIGN APPLICATION

| Document Checklist | |
|--|--|
| 1. <input type="checkbox"/> | COVER LETTER (See FAQ Number for Example). |
| 2. <input type="checkbox"/> | APPLICATION (Filled out completely and neatly). |
| 3. <input type="checkbox"/> | RESUME (Complete Up to Date Work History). |
| 4. <input type="checkbox"/> | RECENT LETTER OF REFERENCE PAST 60 DAYS (e.g. Current/Former Employers/Educators/Village Council etc.) |
| 5. <input type="checkbox"/> | COPIES OF HIGH SCHOOL DIPLOMA/GED/CERTIFICATIONS/DD214 |
| 6. <input type="checkbox"/> | A recent Criminal History Report (issued 2022) available through the Department of Public Safety/Alaska Troopers for a fee of \$20.00. For more information: http://dps.alaska.gov/statewide/background/ . |
| 7. <input type="checkbox"/> | COPY OF COVID VACCINATION CARD |
| Note: An Additional Income Assessment Application will be required – If selected for training and living within the Doyon/TCC Region. | |

TRAINING IS OPEN TO SHAREHOLDERS OF DOYON, LIMITED

SEND COMPLETED APPLICATIONS TO:

Doyon, Limited ATTENTION: Roustabout 1 Doyon Place, Suite 300

Fairbanks, AK 99701-2941

907-459-2085

1-888-478-4755 ext. 2085

Fax: 907-459-2065

outreach@doyon.com

***You may also email and fax applications**

Roustabout FAQs: The following are Frequently Asked Questions (FAQs) about roustabouts with Doyon Drilling, Inc. (DDI).

1. What is a Roustabout?

A Roustabout is an entry-level position with DDI that performs duties to support Rig operations and maintenance and is accountable to the Roustabout Pusher/Driller.

2. What qualifications are needed to be a Roustabout?

3. Applicants must be a Doyon, Limited Shareholder, 18 years of age or older, be physically capable of performing job functions, able to pass medical, drug and alcohol screening, background check, and be dependable.

4. Why should I write a Cover Letter?

The purpose of a Cover Letter is your opportunity to sell yourself and complement the factual achievements listed on your Résumé with a personal touch.

5. What should I include in the Cover Letter?

Your Cover Letter should emphasize, why you are applying to become a Roustabout with Doyon Drilling, Inc., and what you hope to gain or accomplish from the experience. Describe your education, training and/or work experience. Include your career goals and how you are currently working to achieve them. It is recommended to include an explanation if there are gaps in employment on your résumé. (Research how to create a Cover Letter or contact the Shareholder Outreach Department for assistance at outreach@doyon.com or 907-459-2085.)

6. What is the wage for a Roustabout?

The starting wage for a Roustabout is \$27.09/hour and about \$40.64 overtime.

7. What is the Work Schedule?

Schedules vary, but generally they are a two weeks on, two weeks off Rotation, with daily 12 hour shifts.

8. What are the living accommodations?

Accommodations include full catering, lodging in 1-2 person rooms, and roundtrip airfare between Anchorage and your worksite. Employees are responsible for their own travel if they live outside Anchorage (to and from Anchorage).

9. What does it take to work at DDI?

To work at DDI, employees leave their families for two weeks or more at a time. Because of the time away from home and the physical demands of the job, it is important for employees to be physically and mentally strong, supportive of the stringent Safety Program and be a team player.

10. What are common Reasons Employees leave DDI?

Common reasons employees leave DDI include missing flights, alcohol and drug related issues, home and family situations and medical circumstances.

11. What are the Pros of working for DDI?

There are many reasons why DDI is a great place to work: employee teamwork, prestige, excellent pay, retirement and other benefits, rotational schedules, and opportunities for advancement.

12. What are the Cons of working for DDI?

As with any place of employment, there are downsides that should be considered. At DDI, employees can expect to be absent from home for extended periods of time, miss special occasions with family and friends, work monotonous assignments, work long hours in extreme weather conditions and isolation.

13. Where can I learn more about DDI?

Visit the DDI website at www.doyondrilling.com.

Please Type or Print Neatly

TRAINING IS OPEN TO SHAREHOLDERS OF DOYON, LIMITED

DEADLINE Friday, February 4, 2022

| | | | |
|--------------------|----------------------|-----------------|-----------|
| Last Name: | First Name: | Middle Name: | Date: |
| Mailing Address: | City: | State: | Zip Code: |
| Home Phone Number: | Cell or Msg. Number: | E-Mail Address: | |

| |
|--|
| |
|--|

Are you enrolled in a Village Corporation? Yes No If Yes, please list:

Do you currently work, or have you worked for a Doyon subsidiary? Yes No

| | | |
|---------------|-----------|-----------------|
| Company Name: | Position: | Dates Employed: |
|---------------|-----------|-----------------|

| |
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| |
|--|

EDUCATION

| | | | |
|--------------|---|----------------|-----------------|
| High School: | HS Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/> | Name/Location: | Date Graduated: |
|--------------|---|----------------|-----------------|

| | | |
|------------------------------|----------------|-------------------------|
| Vocational/Technical School: | Name/Location: | Certification Received: |
|------------------------------|----------------|-------------------------|

| | | | |
|---------------------|----------------|-----------------|-----------------|
| College/University: | Name/Location: | Field of Study: | Date Graduated: |
|---------------------|----------------|-----------------|-----------------|

| | | | |
|--|--|--|---------|
| | | | Degree: |
|--|--|--|---------|

How did you hear about the Roustabout recruitment?

Family friend Doyon website Tanana Chiefs Other

Have you ever applied for the Roustabout Training Program before? Yes Which Year? _____ No

Have you ever been selected for an interview? Yes Which year? _____ No

Do you have a Driver's License? Yes No

Are you a Doyon shareholder? Yes No

Are you willing to work in an environment where there is a zero (0) tolerance for drugs and alcohol? Yes No

Are you willing to work in a remote location for extended periods and miss family events? Yes No

Are you willing to actively participate in and support workplace Safety Policies and Procedures? Yes No

Are you able to provide proof of full COVID-19 vaccination? Yes No

TRADES SKILLS/WORK EXPERIENCE

Please indicate the Months/Years of experience next to those trades which you have paid and unpaid experience. Please explain further in your cover letter

| | | | | | |
|--------------|--|------------|--|--------------------|--|
| Electrician: | | Carpenter | | Plumber | |
| Mechanic: | | Ironworker | | Equipment Operator | |
| Laborer | | Welder | | Other | |

MECHANICAL EXPERIENCE

Check the term(s) which best describes your mechanical skill level and explain further in your cover letter

Small Engine: Light Duty: Heavy Duty: Troubleshooter: None:

EQUIPMENT AND MACHINERY TRAINED, OPERATED AND REPAIRED

In the space below, please list the type(s) of equipment and machinery you have operated and/or repaired. If trained, please explain further in your cover letter.

| Type Of Equipment Machinery: | Formal Training/Self-Taught/OJT: | Years/Months of Experience: |
|------------------------------|----------------------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

TRAINING CERTIFICATES/CERTIFICATIONS/LICENSES

1. Do you have any certifications and/or technical licenses e.g., CDL, mechanical, electrical, welding, etc. not mentioned above?

Yes No

If Yes, what kind:

2. Have you received any formal safety training by past employers? Yes No

If Yes, what kind:

MILITARY SERVICE

1. Have you ever served in the United States Military? Yes No

If Yes, what branch of service?:

Dates of service:

Type of discharge:

Occupational specialty:

*If Yes, please include a copy of DD214:

PERSONAL INFORMATION

1. Have you ever been terminated from a job? Yes No

If Yes, why:

2. Are there any reasons that would prevent you from working in a remote setting for extended periods of time? Yes No

If Yes, why:

CERTIFICATION OF APPLICATION: I hereby certify that all information given on or in connection with this Application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my Application and/or removal from the eligible list and the Doyon Talent Bank.

SIGNATURE

DATE

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SEND COMPLETED APPLICATIONS TO:

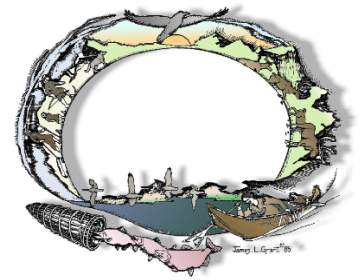
Doyon, Limited
ATTENTION:
Roustabout
1 Doyon Place,
Suite 300
Fairbanks, AK 99701-2941
907-459-2085
1-888-478-4755 ext. 2085
Fax: 907-459-2065
[**outreach@doyon.com**](mailto:outreach@doyon.com)

Tanana Chiefs Conference

Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

Phone: 452-8251 or 800-478-6822



Please Read Before Filling Out This Application

~COMPLETING THIS APPLICATION DOES NOT GUARANTEE SERVICES~

Under Public Law 102-477, the Employment & Training Department integrated the funds we have received from the U.S. Dept. of Labor with the U.S. Dept. of Health and Human Services, and the U.S. Department of Interior Bureau of Indian Affairs into a single coordinated comprehensive program/plan. All sources of alternative funding will be explored before program funds will be expended. All of Employment & Training Department services are supplemental resources. All applicants are required to apply for financial assistance from other State, Federal, and Private resources. All services are dependent upon available funding. The Coordinator of Employment & Training makes the final decision.

Supportive services can include funding for Tools, Work Clothing, Training, and Room/Board. Funding can only be awarded in cases where the supportive service is directly linked to employment of the client.

There is a 3-IN-A-LIFETIME rule when applying for ANY assistance

Through Employment & Training.

Important steps to take when requesting assistance from the Employment & Training Department.

- | | |
|---|--|
| <input type="checkbox"/> Denial letter from your tribe | <input type="checkbox"/> Proof of income for the last 6 |
| <input type="checkbox"/> Complete supportive services application | months |
| <input type="checkbox"/> Employment verification | <input type="checkbox"/> Provide an updated resume |
| <input type="checkbox"/> Tribal ID / CIB Card | <input type="checkbox"/> Register for selective services (if applicable) |

1. For Confidentiality reasons, we cannot release any information about you to others, you will need to provide your information personally in order to receive services.

2. Clients attending any training or classes, if and when leads to a no call, no show act. The individual will not be eligible for services up to 1-3 years.

3. Incomplete applications will be discarded after 30 days

In circumstances with short-notice: It is always best to give us 7-10 days in advance notice to ensure that your needs can be met if eligible. However, short notice of need to this program sometimes cannot be helped; in this case an attempt to process your application as soon as possible is made. If you have further questions, please contact Employment and Training at extension 3172.

(907) 452-8251 x3172 OFFICE

(907) 459-3885 FAX

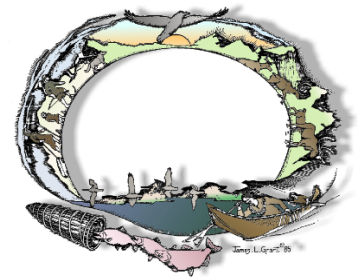
Employment_Dept@tananachiefs.org

Tanana Chiefs Conference

Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

Phone: 452-8251 or 800-478-6822



I. PURPOSE

The purpose of Tanana Chiefs' Employment & Training Department is to assist eligible Alaska Natives and American Indians to obtain and retain employment and maintain self-sufficiency. Applicants for TCC's employment-related services may receive assistance with the following: work clothes, arctic gear, tuition for short trainings, fees, supplies, transportation, and tools (1 time only for tools). The Employment & Training Department also provides counseling on world-of-work and job readiness skills, employment referrals and referrals to other support service agencies, if necessary.

II. ELIGIBILITY

To be eligible for financial assistance, an applicant must:

- A. Be enrolled to a federally recognized tribe;
- B. Have recently obtained or be seeking verifiable employment;
- C. Be pursuing training in an occupation in which there is a reasonable expectation of obtaining employment;
- D. Show financial need, be unemployed or underemployed;
- E. Be registered for the selective service, if applicable.

III. STANDARD FOR GRANT APPLICATION & FUNDING

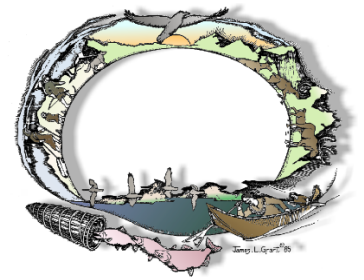
- A. Applicant must have a completed application packet and supporting documents requested.
- B. Financial assistance shall not be used to supplement the income of a person already employed.
- C. Services will be provided on case-by-case need basis.
- D. Duplicate services are not allowed.

•If denied services, you will get a phone call. If you would like, you may appeal the denial in writing through an appeal procedure. The appeal procedure has time limitations.

Tanana Chiefs Conference

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Full Name: _____ Contact # _____

Email: _____ MSG/Cell # _____

Address: _____ City & State: _____

Zip Code: _____ Date of Birth: _____

Social Security # _____ Age _____ Sex: Male Female

Village enrolled to: _____

Regional Corporation: Doyon Arctic Slope NANA Bering Strait Calista

Cook Inlet AHTNA Bristol Bay Chugach Koniag Aleut Sea Alaska

Number in household _____

| | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| \$24,135 | \$32,656 | \$41,175 | \$49,695 | \$58,215 | \$63,270 | \$75,255 |

Add \$5,600 for each additional member

PROVIDE DOCUMENTATION FOR VERIFICATION

Pay stubs, Release of information, etc.

Items Requested:

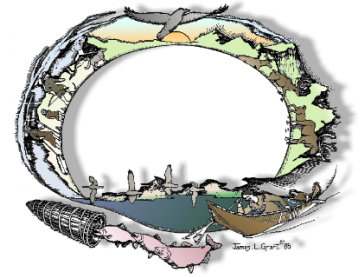
| ITEMS | QUANTITY | PRICE (For office use only) |
|-------|----------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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Education & Training

Please check one of the following

I am a:

- School dropout, last grade completed _____
- Student, high school or less
- High school graduate or G.E.D. recipient
- Attained secondary school diploma
- Attained a secondary school equivalency
- Completed one of more years of postsecondary education
- Attained a postsecondary technical or vocational certificate (non-degree)
- Attained an Associate's degree
- Attained a Bachelor's degree
- Attained a degree beyond a Bachelor's degree

Employment History

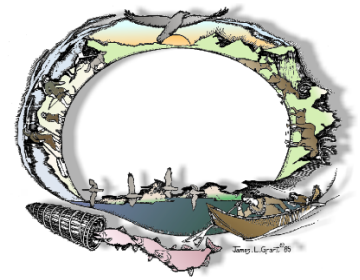
| | | |
|---------------------|------------|---------------------------|
| Employer Name: | Job Title: | Dates Employed (from/to): |
| Location: | Wage: | Hours per Week: |
| Reason for Leaving: | | |
| Employer Name: | Job Title: | Dates Employed (from/to): |
| Location: | Wage: | Hours per Week: |
| Reason for Leaving: | | |
| Employer Name: | Job Title: | Dates Employed (from/to): |
| Location: | Wage: | Hours per Week: |
| Reason for Leaving: | | |

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Military Selective Service Self Certification

Section 3(a) of the Military Selective Service Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Investment Act (WIOA) requires that all participants under WIOA be in compliance with the military Selective Service Act registration requirements.

Determination

Born before 12/31/59 Yes, I have registered with Military Selective Services

Approximate Date I Registered _____ Place of Registration: _____

No, I have not registered with the Military Selective Service.

I am a: Veteran Not Applicable

Self-Certification

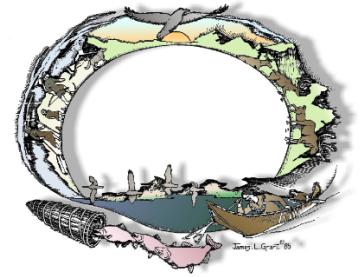
I realize that I cannot be served under the Workforce Investment Act (WIOA) unless I have registered for the military Selective Service. I further understand that Tanana Chiefs Conference, as a WIOA grantee, can verify my registration with the Selective Service system and if I am found not to be registered I will be terminated from the program. If I am terminated from the program as a result of falsifying information on my eligibility, I may be prosecuted for fraud.

Signature of Applicant: _____ Date: _____

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Authorization for Exchange of Information

If you are receiving Public Assistance, such as: ASAP, APA, Food Stamps, GA/TWEP, etc.

I _____ authorize the Alaska Department of Health and Social Services, Division of Public Assistance, Social Security “budget letter”, “benefits letter”, or a “proof of award letter”, and/or Tanana Chiefs Conference, ASAP Program to release information to Tanana Chiefs Conference, Employment & Training Department, from my public assistance or file records indicating assistance received on behalf of all members of my household from said programs. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department programs.

Signed _____ Date: _____

Social Security: _____

ATAP Food Stamps APA Unemployment Benefits GA/TWE

If anyone in the household is an employee of the Tanana Chiefs Conference.

I _____ authorize the Tanana Chiefs Conference, Payroll Department, to release my payroll information to the Tanana Chiefs Conference, Employment & Training Department. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department.

Employee Signature _____ Date: _____

Social Security: _____

This agreement is in effect until: the conclusion of this case or if revoked by the person providing authorization.

Printed name of person giving consent

Signature of person giving consent

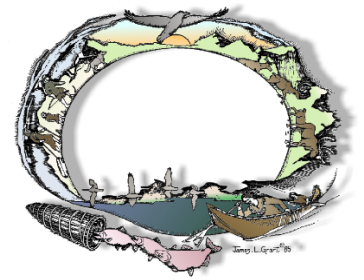
Date of Signature

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Employer Verification Form (To be filled out by Employer)

Name: _____ Began working for Employer (date): _____

Job Title: _____ Wages: _____ per hour, at _____ hours per week.

This Job offers Fringe Benefits Yes No

His/Her first paycheck will be received on (Month/Day/Year) _____

Please check the appropriate classification of employment:

Full-time, permanent Temporary, From: _____ To: _____

Part-time, permanent Seasonal, From: _____ To: _____

Other, explain: _____

Title: _____

Phone: _____

Print Name: _____

Signature of Employer: _____ Date: _____

I do hereby authorize the mutual exchange of information regarding myself between Tanana Chiefs Conference Employment & Training Department and my employer.

Signature of applicant: _____

For office use only: _____

Items provided:

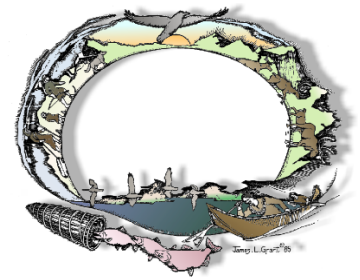
Items not provided:

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CERTIFICATION: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I authorize Tanana Chiefs Conference to verify any and/or all statements made by me in this application with Employment Security; Department of Health and Social Services; my regional corporation; my village corporation or council; other Employment Assistance, WIOA, and/or former employers for the purpose of verifying eligibility. I further certify that I have not knowingly and/or willingly made any misstatement for the purpose of obtaining Employment Assistance, WIOA or DE funds and benefits; and that, further, I am aware that it is a crime to deliberately and knowingly falsify any application for Federal benefits or State benefits. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if false information was provided on this application. I also have received a copy of the grievance procedure on this date.

I acknowledge that I understand and agree to the above certification

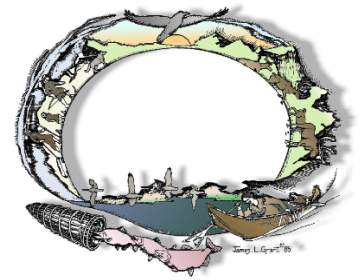
Signature of Applicant: _____ Date: _____

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Applicant's Appeal Procedures

An applicant, who has been denied services, or feels he/she may have been treated unfairly, has the right to file a written appeal by following these procedures:

Step 1.

Program Coordinator: An applicant may file a written appeal to the Program Coordinator and ask for reconsideration of their decision. The Program Coordinator has 10 working days after the date stamped on the appeal to respond. An applicant not satisfied with the Program Coordinator's decision may submit their appeal to the Program Director (Step 2) within 5 days upon receipt of the Program Coordinator's decision.

Step 2.

Program Director: The Program Director has ten (10) working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant not satisfied with the Program Director's decision may resubmit their appeal to the Appeal Committee (Step 3) within 15 days after receiving the Program Director's decision.

Step 3.

Appeal Committee: The Appeal Committee meets regularly, to review appeals. The committee will notify an applicant of their decision within seven working days after the date of their meeting. All decision made by the Appeal Committee are final.

Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents. An applicant has 15 days after receipt of a decision to register an appeal. All decision made by the Appeal Committee in Step 3 are final.

I have read, understood and received a copy of Applicant's Appeal Procedures outlined above.

Signature of Applicant: _____ Date: _____