



Employment Application

PERSONAL INFORMATION — Complete all applicable information

Name (Last, First, MI):			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address:	City:	State:	Zip:
Primary Phone:	Secondary Phone:	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Date Worked/Where?	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you Travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involuntarily terminated from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Require Sponsorship		When could you start employment?	
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____			
Are you related to anyone currently or previously employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship?			

EMPLOYMENT HISTORY — Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information may disqualify you from further consideration.

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:

Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: () - ext May we contact: Yes ___ No___
Summary of Duties:		

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: () - ext May we contact: Yes ___ No___	
Summary of Duties:			

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: () - ext May we contact: Yes ___ No___	

Summary of Duties:

EDUCATION INFORMATION

High School:	City:	St:	Diploma/ GED:	General Ed. or Advanced Classes:	
College:	City:	St:	Degree:	Major:	GPA:
Graduate School:	City:	St:	Degree:	Major:	GPA:
Other:	City:	St:	Degree:	Major:	GPA:

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Rate your computer proficiency:

MS Word Skills	Beg ___	Interm ___	Advanced ___	Years Utilized: _____
MS Excel Skills	Beg ___	Interm ___	Advanced ___	Years Utilized: _____
MS PowerPoint	Beg ___	Interm ___	Advanced ___	Years Utilized: _____
MS Access	Beg ___	Interm ___	Advanced ___	Years Utilized: _____

Define other computer software programs of proficiency?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Bluefin Distribution is an equal opportunity employer. Bluefin Distribution does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment any obligation for Bluefin Distribution to hire me. If I am hired, I understand that either Bluefin Distribution or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Bluefin Distribution has the authority to make any assurance to the contrary.

I also recognize that the use of drugs and alcohol can create an unsafe working environment, and that Bluefin Distribution is a drug-free, smoke-free workplace.

I attest with my signature below that I have given to Bluefin Distribution true and complete information on this application. No requested information has been concealed. I also understand that Bluefin Distribution may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____	Signature: _____
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FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks: _____

INTERVIEWER

DATE

Employed? Yes No Date of Employment: _____

Job Title: _____ Department _____