

# APPLICATION FOR EMPLOYMENT

ADMINISTRATION OFFICE  
 7192 W. HWY 61  
 P.O. BOX 2125  
 TOFTE, MN 55615  
 HUMAN RESOURCES DEPARTMENT  
 (218) 663-7860 EXT. 317  
 (218) 663-7130 (FAX)



YOUR INTEREST  
 IN OUR  
 ORGANIZATION  
 IS APPRECIATED

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE NAME	NAME YOU GO BY	PHONE NUMBER (     )
CURRENT ADDRESS		CITY AND STATE	ZIP CODE	OTHER PHONE NUMBER (     )
LIST OTHER NAMES YOU GO BY (FOR REFERENCE PURPOSES ONLY)			SOCIAL SECURITY #	
POSITIONS FOR WHICH YOU ARE APPLYING OR THE TYPE OF WORK YOU ARE INTERESTED IN:				
DATES AVAILABLE TO START WORK:     /     /				
HAVE YOU EVER BEEN EMPLOYED BY BLUEFIN?    NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, where?				
If yes, when?     /     /     TO     /     /				
DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES?    NO <input type="checkbox"/> YES <input type="checkbox"/>				
If yes, is your right to work based solely on a J-1 Visa    NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, when does it expire?     /     /				
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MISDEMEANOR?    NO <input type="checkbox"/> YES <input type="checkbox"/>				
If yes, explain:				
(This information may be considered in hiring or job placement, but will not automatically disqualify you from employment).				

## PREVIOUS WORK EXPERIENCE—INCLUDE ANY PAID, UNPAID, OR MILITARY SERVICE (LIST FOUR MOST RECENT)

NAME OF COMPANY	ADDRESS	NAME OF SUPERVISOR	PHONE NUMBER (     )
TYPE OF WORK PERFORMED:			
DATES EMPLOYED:    FROM     /     /     TO     /     /			
REASON FOR LEAVING:		STARTING WAGE	LAST WAGE
		\$     /HOUR	\$     /HOUR
NAME OF COMPANY	ADDRESS	NAME OF SUPERVISOR	PHONE NUMBER (     )
TYPE OF WORK PERFORMED:			
DATES EMPLOYED:    FROM     /     /     TO     /     /			
REASON FOR LEAVING:		STARTING WAGE	LAST WAGE
		\$     /HOUR	\$     /HOUR

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MAY WE CONTACT YOUR LAST EMPLOYER?     YES                       NO

**REFERENCES**

*(INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY, DO NOT INCLUDE RELATIVES)*

NAME	OCCUPATION/POSITION	ADDRESS	PHONE NUMBER (     )
NAME	OCCUPATION/POSITION	ADDRESS	PHONE NUMBER (     )
NAME	OCCUPATION/POSITION	ADDRESS	PHONE NUMBER (     )

**EDUCATION**

CIRCLE NUMBER OF SCHOOL YEARS ATTENDED:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16+

ADDITIONAL TRAINING (CHECK THOSE THAT APPLY):

BUSINESS SCHOOL     VOCATIONAL SCHOOL     COLLEGE     OTHER \_\_\_\_\_

NAME/LOCATION:

COURSE STUDY:

DO YOU HAVE ANY SUPERVISING EXPERIENCE?     NO     YES                      If yes, explain:

WHAT QUALIFICATIONS MAKE YOU SUITABLE FOR THE POSITION FOR WHICH YOU ARE APPLYING?

WHAT DOES THE PHRASE "THE CUSTOMER IS ALWAYS RIGHT" MEAN TO YOU?

I affirm that the above information is correct. I understand that any false or misleading statements on this application may be cause for dismissal if I am employed. I hereby authorize my former employers, educational institutions, and references to furnish any information concerning my application for employment and release them from any claims or liability for doing so. I further authorize Bluefin Bay Resort, Inc., to contact my former employers, educational institutions, and references for the purpose of obtaining such information. I understand that my employment can be terminated at any time and for any reason by me or by Bluefin Bay Resort, Inc., no matter what anyone may have told me. I agree, as a condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986. Further, I understand that all Bluefin Bay Resort, Inc. employees are required to adhere to the Bluefin Bay Employee Handbook.

Signature of Applicant

Date

STARTING DATE ____ / ____ / ____	STARTING WAGE \$ _____	JOB CLASSIFICATION _____	EMPLOYEE NUMBER _____
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