

Blue Northern Distributing LLC

Your Personal Details

Surname:

First names:

Full Address:

Contact Numbers: Home: Mobile:

Email Address:

Do you need a work permit to take up employment in the USASA Yes: No:

If YES, please detail:

Please note that all candidates invited to interview will be required to produce evidence of their eligibility to work in United States.

Date of Birth:

Please briefly summarize why you would like to become part of the Blue Northern Distributing LLC. team:

Accommodation

The role for the warehouse position does include some physical elements. Please bear this in mind when answering the following question:

1. Do you require any reasonable to be made in order for you to carry out the role for the position you have applied for? If 'YES' please detail:

Yes: No:

Supplementary Information

Are you willing to work weekends when required?

Yes: No:

Do you have any pre-existing commitments which may limit your working hours?
(For instance military reserve, local government etc.)

Yes: No:

If 'YES', please detail:

Are you subject to any restraints which may affect your current or future employment?

Yes: No:

If 'YES', please detail:

Have you ever worked for before?

Yes: No:

If 'YES', please detail Date(s):

Do you have any pre-existing holidays arranged?

Yes: No:

If 'YES', please detail:

If offered a position at Blue Northern, how much notice must you give your current employer?

days

Have you ever been convicted of any criminal offenses?

Yes: No:

If 'YES', please detail:

Do you have any experience with manual and/or electric pallet jacks??

Yes: No:

Your Employment History

Please give details of your employment history over AT LEAST the last three years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history.

Employer/Address:			
Telephone No:		Job Title:	
Period:	From: To:	BasicPay: Takehome:	
Reason for leaving:			

Employer/Address:			
Telephone No:		Job Title:	
Period:	From: To:	BasicPay: Takehome:	
Reason for leaving:			

Employer/Address:			
Telephone No:		Job Title:	
Period:	From: To:	BasicPay: Takehome:	
Reason for leaving:			

Employer/Address:			
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Period:	From: To:	BasicPay: Takehome:	
Reason for leaving:			

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Telephone No:		Job Title:	
Period:	From: To:	BasicPay: Takehome:	
Reason for leaving:			

Training and Qualifications

Please detail any qualifications obtained or training undertaken, including the approx. date and result eg: allet ack anual and lectric

Subject:	Exam/Course:	Approx.

Drug and Alcohol Pre-Employment Statement

49 CFR 40.25 (j) – As the employer you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See 49 CFR 40.25 (b) (5) and (e))

Applicant Name: _____ ID #: _____

The applicant is required by 49 CFR 40.25 (j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES NO

I certify that all of the above information is true and correct.

Applicant Signature

Date

Fair Credit Reporting Act

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are giving permission to the listed employer below to receive and verify your previous employment records. These records include the following, previous drug and alcohol test results and driving record. These documents will be verified for employment purposes. The Federal Motor Carrier Administration requires an employer to hold these records according to Sections 382.413, 391.23, 391.25.

I _____, give my employer, Blue Northern Distributing LLC, permission to receive and review my records in the accordance of the Fair Credit Reporting Act.

Applicant Signature _____ Date

References

Please give details of TWO Referees, (Please note that your current employer WILL NOT under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with Blue Northern Distributing).

Reference One

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Position:	<input type="text"/>	Company:	<input type="text"/>
Full Address:	<input type="text"/>		
	<input type="text" value="Postcode:"/>		
Contacts:	<input type="text" value="Telephone:"/>		
Email:	<input type="text"/>		

Reference Two (your current employer, if applicable)

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Position:	<input type="text"/>	Company:	<input type="text"/>
Full Address:	<input type="text"/>		
	<input type="text" value="Postcode:"/>		
Contacts:	<input type="text" value="Telephone:"/>		
Email:	<input type="text"/>		

Declaration

Did you complete this form yourself? Yes: No:

If No, who did:

As a requirement for successful employment as a warehouse employee it is necessary for us to have access to certain information about you.

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment. uting LLC.

Print Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

Application Form Waiver

Please Read Carefully

In exchange for the consideration of my job application by Blue Northern Distributing LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Blue Northern Distributing LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Blue Northern Distributing LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in Connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative Consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Full Name:

Signed: Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your experience/qualifications.

Thank you for completing this application form and for your interest in our business

Office Use Only