

EMPLOYMENT APPLICATION



APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit#:	
City:	State:	Zip:	
Phone:	E-mail Address:		
Position Applied for:		Desired Salary:	
Hours Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Start Date:	
Are you related to any employee of this ABC Board?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide name and relationship:	
Have you ever worked for a NC ABC Board?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, where and when?	
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:	
Are you 21 years of age or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Other:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

AVAILABILITY		
<i>Please indicate your availability</i>	<i>Hours Available - Specify range of hours</i>	
Monday	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tuesday	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Wednesday	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Thursday	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Friday	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Saturday	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY	
May we contact current employers before you are offered a position?	
Name of most recent or current Employer:	Name of Supervisor: Phone #
Address:	Dates of Employment: From: To:
Job Title:	Hourly pay or salary:
Job Duties:	Reason for Leaving:
Name of previous Employer:	Name of Supervisor: Phone #
Address:	Dates of Employment: From: To:
Job Title:	Hourly pay or salary:
Job Duties:	Reason for Leaving:
Name of previous Employer:	Name of Supervisor: Phone #:
Address:	Dates of Employment: From: To:
Job Title:	Hourly pay or salary:
Job Duties:	Reason for Leaving:

MILITARY SERVICE	
Branch:	Total Years of Service:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

REFERENCES		
Provide three references who are not related to you or a former employer		
Name:	How do you know them, and for how long?	Phone Number

NOTICE

All employees are subject to drug and alcohol testing procedures permitted under federal and state law. Criminal Records checks will be performed for all prospective employees prior to an offer of employment. Equal Opportunity Information State Law prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Age is a bona fide occupational qualification for ABC employment.

DISCLAIMER AND SIGNATURE

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize Rowan/Kannapolis ABC to investigate my background inclusive of criminal background checks and verify this information. I acknowledge all notices stated in this application.

Signature:

Date