

EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or handicap. This application expires in 10 days from the date of the application, and after that time you no longer will be considered for employment with the company. If after the expiration of 10 days, you still wish employment with the company, you must renew your application.

(Please Print)

NAME _____

ADDRESS _____
LAST FIRST MIDDLE
NUMBER STREET CITY STATE ZIP CODE

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

PREVIOUS ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

HOW LONG DID YOU LIVE THERE? _____

TELEPHONE # _____ SOCIAL SECURITY # _____

DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE USA? YES _____ NO _____

STATE ALCOHOL BEVERAGE CONTROL BOARDS REQUIRE A MINIMUM AGE TO SELL ALCOHOLIC BEVERAGES;
CHECK THE AGE SECTION THAT APPLIES TO YOU:

_____ UNDER 21 _____ 21 YEARS OLD AND ABOVE

POSITION APPLYING FOR: _____

ARE YOU APPLYING FOR _____ FULL TIME OR _____ PART TIME EMPLOYMENT?

EXPECTED PAY \$ _____ PER HOUR DATE AVAILABLE _____

SHIFT PREFERENCE: PLEASE INDICATE 1-2-3 FOR FIRST, SECOND, AND THIRD CHOICES. EMPLOYEES MAY BE
REQUIRED TO WORK HOURS OTHER THAN THOSE PREFERRED OR ASSIGNED.

_____ 7AM-3PM _____ 3PM-11PM _____ 11PM-7AM _____ OTHER

ARE YOU RESTRICTED ON THE HOURS AND DAYS YOU ARE AVAILABLE FOR WORK?

_____ NO _____ YES EXPLAIN _____

ARE YOU RELATED TO ANYONE EMPLOYED BY THIS COMPANY? _____ YES _____ NO

IF YES, LOCATION WHERE RELATIVE WORKS: _____

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK AS SCHEDULED? _____ YES _____ NO

EXPLAIN _____

IS THERE ANY REASON YOU CANNOT REGULARLY REPORT TO WORK? _____ YES _____ NO

EXPLAIN _____

HOW MANY PERSONS ARE DEPENDENT UPON YOU FOR SUPPORT? _____

DO YOU HAVE ANY EXPERIENCE IN THE RETAIL BUSINESS? _____

EXPLAIN _____

DO YOU ENJOY A FAST PACED ENVIRONMENT TO WORK IN? _____

EXPLAIN _____

"AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER"

Are you presently using alcohol and/or narcotics? _____ Yes _____ No
 _____ Unsure, if other than no, please explain: _____

You may be required at any time to complete a confidential medical history or undergo a complete physical at company expense to determine if you are physically qualified, mentally safe, and able to perform your job as required.

EMPLOYMENT HISTORY

Please give accurate and complete information, (full-time and part-time). Start with most recent job and go back to your first job. Include any Armed Forces duty (dates and branch only):

1. _____

Company Name _____ Address _____ Name of Supervisor _____ State Job Title/Describe Work _____ _____ _____	Co. Telephone (____) _____ - _____ Employment Dates _____ to _____ Start Pay _____ Last Pay _____ Reason for Leaving: Voluntary: _____ Yes _____ No Explain: _____ _____
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2. _____

Company Name _____ Address _____ Name of Supervisor _____ State Job Title/Describe Work _____ _____ _____	Co. Telephone (____) _____ - _____ Employment Dates _____ to _____ Start Pay _____ Last Pay _____ Reason for Leaving: Voluntary: _____ Yes _____ No Explain: _____ _____
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3. _____

Company Name _____ Address _____ Name of Supervisor _____ State Job Title/Describe Work _____ _____ _____	Co. Telephone (____) _____ - _____ Employment Dates _____ to _____ Start Pay _____ Last Pay _____ Reason for Leaving: Voluntary: _____ Yes _____ No Explain: _____ _____
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	Name of Company City & St. Location	Position Held	Month/Year Started	Month/Year Left	Reason For Leaving
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications you have that may qualify you for the applied for position: _____

May we contact the employers listed on Page 2? _____ Yes _____ No

Who do you wish us not to contact? Indicate the name and number: _____

RECORD OF EDUCATION

School Type	Name & Address of School	Courses of Study	Years From	Attended To	Last Year Completed				Graduate
					5	6	7	8	
Elementary									
High					9	10	11	12	Yes No
College					1	2	3	4	Yes No
Other					1	2	3	4	Yes No

SECURITY

List all convictions for breaking the law you have received in the last 7 years (include misdemeanor convictions). Also list any felony convictions you have received in your adult lifetime.

Note: Any deception as to the existence or falsification of convictions will result in denial or termination of employment.

Date	Violation	Disposition	Court Location

PERSONAL REFERENCES

Please list three personal references (not former employers or relatives.)

Name	Occupation	Address	Phone Number

**APPLICATION OF EMPLOYMENT AND AGREEMENT OF
EMPLOYMENT TO AND WITH THE COMPANY
UNCONDITIONAL RELEASE
EQUAL OPPORTUNITY EMPLOYER M/F
(APPLICANT PLEASE READ CAREFULLY)**

AGREEMENT BY APPLICANT

All information and answers to questions are true and correct to the best of my knowledge and belief. In consideration for possible employment, I understand the company may conduct or authorize another to conduct an investigation into my financial or credit history, personal background, and mode of living. I have been informed that should such an investigation be undertaken, I am entitled upon written request, to receive a copy of any investigative report filed as a result. I request my former employers and their representatives to release all information in their possession which the company may deem relevant to my application for employment. In exchange for consideration of my application, I also agree to release and hold harmless any former employer, employer representative, or others from liability which he or she may incur in connection with release of such information.

I agree to submit upon the company's request to a pre-employment physical and medical examination by a physician or physicians designated by the company at its expense, and also to submit to further physical and mental examinations and testing as the company shall require as a condition of my continued employment. I realize that my employment or continued employment may be conditioned upon the results of such examinations and my willingness to participate in such examinations freely. The company will attempt to keep all matters regarding such examinations confidential; however, I agree that the company may disclose to its employees, managers, agents, and others as it deems necessary, the information gathered during any such examination or test.

I also understand that unless sometime in the future I enter into a specific written employment contract with the company that the employment relationship between the company and me is freely terminable at the will of either party for any unlawful reason. If employed, I agree to acquaint myself with and to abide by all rules and policies established by the company. I authorize the company to release to other prospective employers or third parties any information regarding my employment or obtained pursuant to my employment relationship, and I hereby release, acquit, and agree to hold harmless from any resulting liability and covenant not to sue the company in connection with releasing such information.

I understand this application will be given active consideration for only ten (10) calendar days. I have read and I understand the foregoing and accept its terms and conditions.

Signature of Applicant

Date