

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Position Applied for:		Last 4 digits of SS# - - -	Desired Salary:
Are you related by blood or marriage to any employee of the High Point ABC Board?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and relationship to you	
Check the types of work you will accept:		<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Temp. Part-Time	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for a North Carolina ABC board?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, where and when?	
Have you ever been convicted of a felony? State law allows that you have the right not to refer to any arrest, charge or conviction that has been expunged. This is not a request for that information.		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain	
Are you 21 years of age or older		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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

AVAILABILITY			
<i>Please indicate your availability</i>		<i>Hours Available – Specify range of hours available to work (Example: 3pm until 10 pm)</i>	
Monday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Tuesday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Wednesday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Thursday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Friday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Saturday	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Earliest Possible Start Date:			
Do you have a reliable form of transportation?		<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid Driver's License or State issued Identification Card? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please indicate your referral source:

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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 High Point ABC to investigate my background inclusive of criminal background checks and verify this information. I acknowledge all notices stated in this application.

Signature	Date
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