

APPLICATION FOR EMPLOYMENT - DATE: _____

GASTONIA ALCOHOLIC BEVERAGE CONTROL SYSTEM -- An Equal Opportunity Employer

NOTE:
RESUME MAY BE ATTACHED.
HOWEVER, APPLICATION MUST
BE **COMPLETED IN FULL** BY
APPLICANT TO BE CONSIDERED
FOR EMPLOYMENT.

PERSONAL:

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Previous Legal Names: _____

Street Address: _____ City: _____ State: _____ Zip Code _____

Home Number: _____ Work Number: _____ Other: _____

Driver's License #: _____ State: _____ Expiration Date: _____ Social Security Number: _____

POSITION(S) APPLIED FOR: _____ → HOURS AVAILABLE: AM _____ PM _____
 Full-Time Part-Time → DAYS AVAILABLE: Mon Tue Wed Thur Fri Sat Sun
 DATE AVAILABLE FOR EMPLOYMENT WITH GASTONIA ABC SYSTEM: _____

EMPLOYMENT HISTORY:

START WITH THE MOST RECENT EMPLOYER AND LIST ONLY SIGNIFICANT PERIODS OF EMPLOYMENT.

Employer		Dates Employed		Primary Duties
Address	Telephone	From	To	
Job Title	Supervisor	Hourly Pay / Salary		
Reason for Leaving				

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Address	Telephone	From	To	
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EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Did You Graduate	Type of Degree or Diploma
Elementary School					
High School					
College//University					
Other (Specify)					

OTHER:

1. Have you ever filed an application with us before? YES NO If YES, give date(s): _____
2. Have you ever been employed with us before? YES NO If YES, give date(s): _____
3. Has your DRIVER'S LICENSE ever been revoked or suspended? YES NO
4. Have you ever been DISCHARGED or REQUESTED to resign from a job? YES NO
If yes, please describe circumstances: _____
5. List business or trade organizations you belong to that apply to the position you are applying for: _____
6. Are you related to anyone employed by this System? YES NO If YES, give name: _____
7. Have you ever been BONDED? YES NO If YES, for what job? _____
8. Have you ever been CONVICTED of a crime OTHER THAN a minor traffic offense? YES NO
If YES, please describe the circumstances: _____

JOB APPLICANT'S AGREEMENT

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, then it shall be considered sufficient cause for denial of employment or discharge once employment is accepted. I release all such persons from liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Gastonia ABC Board and me for either employment or for the providing of any benefit. No promises regarding employment have been made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Gastonia ABC Board retains the same right. If an employment relationship is established, I will be an employee at will. I understand that if I am employed, the policies and rules which are then in effect are not conditions of employment, and the rules and regulations and policies may be revised by the employer, in whole or in part, at any time.

As part of the application process, the Gastonia ABC Board may request a consumer report (credit report) of your credit history. This credit report is one part of the application process and a factor that can be considered before deciding whether to make a conditional job offer to an applicant.

With this in mind, I, the undersigned, understand that such a report may be obtained and considered, and expressly authorize the Gastonia ABC Board by and through any of its officers, agents, or employees, to procure a copy of my consumer report or reports from a credit bureau.

Date of Application

Signature of Applicant

Printed Name of Applicant

REFERENCE / BACKGROUND CHECK AUTHORIZATION

I grant permission for the Gastonia ABC Board's designated representative to obtain employment related information from previous employers and / or other resources of references. I further authorize the Gastonia ABC Board's designated representative to use information provided on my application to review other areas in my background including but not limited to educational verification, driver's record verification and credit history if necessary, and grant applicable sources permission to release such information.

A photocopy of this signed Reference / Background Check Authorization shall have the same binding effect as the original form.

Signature of Applicant

Date

Printed Name of Applicant

**DISCLOSURE THAT A CONSUMER REPORT MAY BE
OBTAINED FOR EMPLOYMENT PURPOSES**

AND

**AUTHORIZATION TO PROCURE A CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

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This is the ____ day of _____, 2009.

Signature of Applicant _____

Printed Name of Applicant _____