

CATAWBA COUNTY ABC BOARD

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT)

DATE _____

NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____

ADDRESS _____ (CITY) _____ (STATE) _____ (ZIP) _____

PHONE _____ CELL _____ BEST TIME TO CALL _____

EMAIL _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? _____ EVER APPLIED HERE BEFORE? _____ WHEN? _____

EDUCATION HISTORY

NAME OF HIGH SCHOOL _____ DID YOU GRADUATE? _____

NAME OF COLLEGE _____ YEARS ATTENDED _____

LOCATION _____ DEGREE _____

TRADE OR BUSINESS SCHOOL _____ YEARS ATTENDED _____

LOCATION _____ DEGREE _____

GENERAL INFORMATION

SPECIAL SKILLS / TRAINING _____

US MILITARY / NAVAL SERVICE _____ RANK _____

FORMER EMPLOYERS (LAST ONE FIRST)

NAME & ADDRESS _____ SALARY _____

DATES WORKED _____ POSITION _____ REASON FOR LEAVING _____

NAME & ADDRESS _____ SALARY _____

DATES WORKED _____ POSITION _____ REASON FOR LEAVING _____

NAME & ADDRESS _____ SALARY _____

DATES WORKED _____ POSITION _____ REASON FOR LEAVING _____

(CONTINUED ON NEXT PAGE)

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME _____ BUSINESS _____

ADDRESS _____ YEARS KNOWN _____

NAME _____ BUSINESS _____

ADDRESS _____ YEARS KNOWN _____

NAME _____ BUSINESS _____

ADDRESS _____ YEARS KNOWN _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

NEATNESS _____

BACKGROUND CHECK ACQUIRED _____

HIRED _____ DEPT. _____