



PITT COUNTY ABC BOARD

PO BOX 30340
GREENVILLE NC 27833

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Last Four of SS No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start						
Finish						

Have you ever worked for this company? YES NO If yes, when? _____

Are you currently employed? YES NO If yes, where? _____

Do you have a valid North Carolina driver's license? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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 NO

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 NO

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 NO

JOB DESCRIPTION – SALES ASSOCIATE

Primary duties shall be:

- 1. To maintain a clean store environment, receive, label, stock, and sell alcoholic beverages. This includes handling individual cases of liquor weighing between 15 and 40 pounds each.**

- 2. To be responsible for all monies received (until deposited in the bank) and all store inventory.**

- 3. To act and perform all duties assigned by the Store Manager or Administrator in a satisfactory manner.**

- 4. To provide reliable transportation to and from assigned work sites, including those when there are changes in work schedules or locations, with a minimum notice of that change.**

- 5. To acknowledge that individual work sites may not be assigned on a permanent basis.**

- 6. To assist with loading and (or) unloading shipments from The State or local warehouse, if deemed necessary by The Warehouse Manager or Administrator. Warehouse duty requires the use of a hand truck with loads weighing from 75 to 200 pounds.**

- 7. To abide by the A.B.C. laws of the State of North Carolina, regulations approved by the State A.B.C. Commission, and policies adopted by the Pitt County A.B.C. Board.**

This basic job description is not all inclusive and does not preclude the addition of essential duties as deemed necessary by the Pitt County A.B.C. Board or its Administrator.

I have read the job description for the position for which I am applying, and feel I can perform the essential functions of this position, including but not limited to the physical requirements of the job.

Any exception would be as follows:_____

**PLEASE READ CAREFULLY!
APPLICANTS CERTIFICATION AND AGREEMENT**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, and others to furnish whatever detail is available concerning qualifications.
I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant

Date

Please return to:

**Pitt County A.B.C. Board
Post Office Box 30340
Greenville, NC 27833**

Pitt County Alcoholic Beverage Control Disclosure/Authorization Statement

By this document, Pitt County Alcoholic Beverage Control discloses to you that a criminal background check will be obtained as part of the pre-employment background investigation and may be obtained at any time during your employment should you be hired. This report will be provided by the Pitt County Alcoholic Beverage Control Law Enforcement Division.

I authorize the Pitt County Alcoholic Beverage Control to procure a criminal background check and release the Pitt County Alcoholic Beverage Control, including members of their governing boards, officers, employees, agents, and representatives from all liability or responsibility for this investigation. Should I be hired, this authorization shall remain on file and shall serve as ongoing authorization for the Pitt County Alcoholic Beverage Control to procure criminal background checks at any time during my employment period.

I understand that my electronic submission of this authorization indicates my consent to the Pitt County Alcoholic Beverage Control's verification of any information contained in this authorization, and that an electronic copy, a telephonic facsimile (FAX), or a photographic copy of this authorization shall be as valid as the original for this and any future reports or updates that may be requested.

In connection with this request, I authorize former employers, supervisors, consumer reporting agencies, credit agencies/credit report agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, motor vehicle bureaus, military services and persons, personal references, and other persons with whom I am acquainted to release information that they may have about me to the person, company, or institution with which this form has been filed or their agent acting on their behalf. I release all parties involved from any liability and responsibility of damages for having furnished such information in good faith.

I understand that the information requested below regarding sex, race, and date of birth is for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law.

I hereby certify that all information I have provided on this authorization is true, accurate and complete to the best of my knowledge. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution.

Have you ever been convicted of an unlawful offense, other than a minor traffic violation?

Yes No

If yes, list the date of the conviction and crime for which you were convicted:

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- A criminal record does not necessarily eliminate you from employment with the Pitt County Alcoholic Beverage Control. Each conviction will be reviewed with respect to the offense, circumstances, seriousness, and the position for which you apply.

Applicant's Full Legal Name (Print) _____

Social Security Number (last 4 digits) _____

Maiden or Other Name Used _____

Drivers License Number / State Issued _____

Current Street Address _____

Date of Birth Race Sex

City, State, Zip, and County _____

Applicant's Signature Date

State of residence over last 10 years: _____