



# Wake County Alcohol Beverage Control Employment Application

1212 Wicker Drive | Raleigh, NC 27604 | 919.832.2726 | WakeABC.com

**PLEASE READ BEFORE BEGINNING - Fill out all sections completely and to the best of your ability. All questions are considered important for employment and no other use is intended for the information you submit. Once submitted, all application materials become property of the Wake County ABC. This application is designed to protect individual rights and privacy all while ensuring equal employment opportunity.**

## SECTION A – PERSONAL INFORMATION

Last Name:  First Name:  Middle Name:

Address:

City / State / Zip:

Mailing Address (if different than above):

City / State / Zip:

Home Phone:  Mobile Phone:

Email Address:

Are you legally authorized to work in the US?  Yes  No Are you at least 18 years of age?  Yes  No

Driver's License Number:  State:  Do you have a CDL?  Yes  No

## SECTION B – EMPLOYMENT INFORMATION

Position applied for:  Store staff  Warehouse staff  Office staff  Other:

Are you seeking?  Full Time  Part Time  Temporary/Seasonal  Anything available

Have you ever been employed with Wake County ABC before?  Yes  No

Have you ever applied with Wake County ABC before?  Yes  No

Are you related in any way to any person currently employed with Wake County ABC?  Yes  No

If yes to the question above, please give their name and relationship:

If offered a position, when would you be available to start?

## SECTION C – EDUCATION INFORMATION

Highest level of education completed?  High School  GED  College  Graduate School

Education Level	Name and Location	Attended		Did you graduate?	Type of Degree and Major
		From Mth./Yr.	From Mth./Yr.		
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION D – EMPLOYMENT HISTORY INFORMATION

Answer the questions for each period of employment. Include any military service. Begin with your present or latest employment and use additional sheets in the same format if necessary. Be sure to account for gaps in your employment history. "See attached resume" is not acceptable.

May we contact anyone listed below?  Yes  No  Maybe (explain):

Employer or Company Name:

Address:

City / State / Zip:

Supervisor's Name:

Supervisor's Title:

Supervisor's Phone:

Supervisor's Email:

Employed From:

To:

Salary Starting:

Ending:

Brief description of job responsibilities:

Brief description of reason for leaving:

Employer or Company Name:

Address:

City / State / Zip:

Supervisor's Name:  Supervisor's Title:

Supervisor's Phone:  Supervisor's Email:

Employed From:  To:  Salary Starting:  Ending:

**Brief description of job responsibilities:**

**Brief description of reason for leaving:**

Employer or Company Name:

Address:

City / State / Zip:

Supervisor's Name:  Supervisor's Title:

Supervisor's Phone:  Supervisor's Email:

Employed From:  To:  Salary Starting:  Ending:

**Brief description of job responsibilities:**

**Brief description of reason for leaving:**

**SECTION E – REFERENCE INFORMATION**

*In listing references, submit persons who are not related to you and who have knowledge of your qualifications for the position of which you are applying. Examples would be former supervisors, co-workers, teachers, etc. Do not include supervisors listed already within Section D – Employment History.*

Name:  Phone:   
Email Address:  Relationship:

Name:  Phone:   
Email Address:  Relationship:

Name:  Phone:   
Email Address:  Relationship:

**SECTION F – AUTHORIZATION**

- I certify that, to the best of my knowledge, the statements and information listed are true and complete.
- I understand that misrepresented, falsified, or omitted information may disqualify me for employment consideration or result in dismissal from employment with Wake County ABC.
- I authorize Wake County ABC to collect from me any specimen required for drug screening as pre-employment consideration.
- I authorize Wake County ABC to conduct a full employment background and criminal check using the information that I have provided in this application or during any interview.
- I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Wake ABC is of an “at will” employment. It is further understood that this “at will” employment relationship may not be changed by any written document unless such change is specifically approved by the Wake County ABC Board.
- I hereby understand that I am required to abide by all rules and regulations of the Wake County ABC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_