

LIQUOR KING EMPLOYMENT APPLICATION

Date : _____

Complete, scan & e-mail application to: whswas@gmail.com

or

) -**employment** (circle): Full-Time Part-Time

mail to: Liquor King - PO Box 850 - Corbin, KY 40702

CONTACT INFORMATION					
Name		Gender	Male / Female (circle)		
Social Security #	Date of Birth	Language	English / Spanish / Both		
Home Address					
City	Zip Code	Cell phone			
Salary desired	\$	Hours desired	Home phone		
Are you employed elsewhere at present		Yes / No (circle)	If Yes # of hours per week		
Do you have any time restrictions like cannot work in morning, afternoon or evening?					Yes / No (circle)
If Yes please explain:					
Can you easily lift 50 lb. or more weight on regular basis ?					Yes / No (circle)
Do you have past retail experience					Yes / No (circle)
Are you available to work on weekends and holidays?					Yes / No (circle)
Do you have transportation?					Yes / No (circle)
Sometimes employee might have to go to another store for a shift. Would you be able work at different location should Liquor King expand in this territory?					Yes / No (circle)
Do you have any experience with liquor and tobacco industry in retail, products, etc					Yes / No (circle)
If Yes please give details:					
Are you proficient in computers?		Yes / No (circle)	Handled Computer Register	Yes / No (circle)	
If Yes please give details:					
Have you applied here before		No / Yes (when) _____	When can you start?		

EDUCATION					
Name of High School		Location		Year	
Name of College		Location		Year	
Received (Circle one)	Degree	Diploma	Major		

EMPLOYMENT					
Periods of Employment					
Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of Employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.					
1	Name of present or last employer:			Phone No.	
Address:		Your job title:			
Supervisor's Name:			Phone No:		
From:	_____/_____/_____	To:	_____/_____/_____	Hours per week:	
Duties & Responsibilities:					
Salary		\$	Reason for leaving:		

EMPLOYMENT				
2	Name of previous employer:		Phone No.	
Address:			Your job title:	
Supervisor's Name:			Phone No:	
From:	_____/____/____	To:	_____/____/____	Hours per week:
Duties & Responsibilities:				
Salary	\$	Reason for leaving:		

EMPLOYMENT				
3	Name of previous employer:		Phone No.	
Address:			Your job title:	
Supervisor's name:			Phone No:	
From:	_____/____/____	To:	_____/____/____	Hours per week:
Duties & Responsibilities:				
Salary	\$	Reason for leaving:		

EMPLOYMENT				
4	Name of previous employer:		Phone No.	
Address:			Your job title:	
Supervisor's Name:			Phone No:	
From:	_____/____/____	To:	_____/____/____	Hours per week:
Duties & Responsibilities:				
Salary	\$	Reason for leaving:		

KNOWLEDGE / SKILLS / ABILITIES	
List all the Knowledge / Skills / Abilities you possess and believe relevant to the position you seek, such as lifting equipment, computer skills, fluency in Language(s), communication, sales, etc.	

BACKGROUND INFORMATION				
Have you ever been convicted of a felony or a first degree misdemeanor (Circle one)			Yes	No
If Yes what charges:				
Where convicted?		Date of conviction		
Have you Pled Nolo Contendere or Pled Guilty to a crime which is a felony or a first degree misdemeanor (Circle one)			Yes	No
If Yes what charges:				
Where?		Date		

Have you ever had a adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor (Circle one)			Yes	No
If Yes what charges:				
Where?		Date		
Note: A 'YES' answer to these questions will not automatically bar you from employment. The nature, Job relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.				

WORK AUTHORIZATION		
If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.		
Are you a U.S. Citizen or are you legally authorized to work in the U.S.? (Circle One)	YES	NO
Do you consent to a background check? (Circle One)	YES	NO

REFERENCES			
Please provide past and present employment references to us. Make sure you include name and phone numbers			
Name	Time Known	Phone #	Supervisor/ Friend/Specify

1. If you are applying for a part-time position, work hours will vary from zero to as needed.
2. New hires will have a 90 day review/probation period. You will be expected to learn and master all aspects of the position within this period.
3. You will have to check ID for age verification. You will not ever sell anything to a minor.
4. You will be on time.
5. You will keep the store clean. Cleaning must be done everyday.
6. Store will be open all 7 days of the week.
7. All employees have to be available to work on Holidays including the eve of Thanksgiving, Christmas and New Year.

Certification	
I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information given may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and made in good faith.	
Signature: _____	Date: _____