



Moore County Alcohol Beverage Control Employment Application

273 N.E. Broad Street/Southern Pines NC 28387
910.692.8578 MooreABC.com

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ (Optional, but necessary at time of hire) SSN.: _____ Desired Salary: \$ _____

Position Applied for: _____
 Store staff Warehouse staff Office staff Other

Are you seeking FT PT Temporary/Seasonal Anything Available

Are you related to any person currently employed with Moore County ABC? Yes No If yes, please provide their name and relationship.

If offered, when would you be available to start?

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

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

Have you ever worked for Moore County ABC? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

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

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from Moore County ABC.

I Authorize for Moore County ABC to collect from me any specimen required for drug screening as pre-employment consideration.

I Authorize for Moore 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 Moore County 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 specially approved by the Moore County ABC Board.

Signature: _____ Date: _____